GRUNLEY

To: Mary E. Switzer Building	Date:	January 21, 2016
330 C St NW		
Washington, D.C.	Contract No.:	GS11P14MKC0010
	Project Name:	Switzer HHSC
Attn: Chris Hudson-Boyd, GSA Project Manager		
	Project No.:	G14.312
	Sent Via:	Fmail/Jobsite - Hand Delivery

The following Certified Payroll is being transmitted for the above referenced project:

NO. OF COPIES	DESCRIPTION
1 Original	CERTIFIED PAYROLLS
1 Copy	ADJ Sheet Metal (WE Bowers), W/E 01/03/16 NW
	Advanced Power Control (WE Bowers), W/E 01/03/16
	AMCO Metal Products, W/E 01/10/16 NW, 01/03/16 NW
	Atlantic Installations (Material Distributors), W/E 12/30/15 NW, 12/23/15 NW, 12/16/15 NW
	Columbia Woodworking, W/E 01/03/16 NW
	Custom Glass Services, W/E 01/01/16 NW, 12/25/15 NW, 12/18/15 NW
	Federal Painting, W/E 01/03/16 NW, 12/27/15 NW
	G & M Services (Bowers), W/E 01/10/16 NW
	G & M Services (Singleton), W/E 01/03/16 NW, 12/27/15 NW
	Grunley, W/E 01/10/16, 01/03/16
	LSSI (Singleton Electric), W/E 01/02/16, 12/26/15
	Singleton, W/E 01/17/16, 01/10/16, 01/03/16
	Strickland Fire Protection, W/E 01/02/16, 12/26/15 NW, 12/19/15 NW, 12/05/15 NW, 11/28/15, 11/21/15 NW, 11/14/15, 11/07/15 NW, 10/31/15 NW, 10/24/15 NW, 10/17/15 NW
	The Circle Group, W/E 12/20/15
	W.E. Bowers, W/E 01/10/16 NW, 01/03/16 NW, 12/27/15 NW
	William Shumaker (Material Distributors), W/E 12/30/15 NW, 12/23/15, 12/16/15, 12/09/15, 12/02/15
	Wycliffe dba Powercomm, W/E 01/02/16 NW
	Z Best Wallcoverings, W/E 12/15/15, 12/08/15 NW, 12/01/15 NW, 11/24/15 NW, 11/17/15 NW, 11/10/15 NW

Should you require additional information, please do not hesitate to contact us.

GRUNLEY CONSTRUCTION CO., INC. Certified Payroll Department J. Hernandez

cc: File

DATE: 01/06/16

I, Sheri HIII
(Name of signatory party)

, Payroll Manager (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by ADJ Sheet Metal, Inc. on the MARY SWITZER HHSC;

that during the payroll period commencing on the 28 th day of December 2015, and ending the 3 rd day of January 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said ADJ Sheet Metal, Inc.

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States

Department of Labor.

(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
- X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

	(c) EXCEPTIONS		
	EXCEPTION (CRAFT)	EXPLANATION	
			2)/
			118
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete;			
hat the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any	REMARKS:		
wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Sub of W.E. Bowers		
		it.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of			

Sheri HIII Payroll Manager

Signature: ____(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

4510 Graphics Drive White Plains, MD 20695

ADJ Sheet Metal, Inc. 01-0581604 Payroll Certification Report 14286-MARY SWITZER HHSC

Contract: 15008

Name	Exmp			12/28/	/15 To 01/0	3/16			Job Pay	<deduc< th=""><th>TIONS></th><th>Emp No Minority</th></deduc<>	TIONS>	Emp No Minority
Address		<							Tot Pay	FICA	Union	Gender
SS No	EAR COD					WEEK		JOB	Nontax Frg		Misc.	Check #
Trade Desc		E 12/28 12/29	12/30 12/31	01/01 0	01/02 01/03	TOTAL	KAIE	WAGES	Tax Frg	LOC TAX	Total	Tot Net
		Laurence Company	No Wor	k Pe	erform	ed						
			<		DEDUC	TIONS		>				
. Job	Job Pay	NonTax Fringe	FIT		Sta	e	U	nion				
Hours	Tot Gross	Taxable Fringe	FIC	A	Loc	al	Misce	llaneous	Tot Dedu	ctions	Tot Net	

WEEK NUMBER: 55

Tue Jan 05, 2016 02:38:59pm	UserId: lsimpson	nos	4	Advanced Power Control Inc.	Control Inc.				Page:	3
Certified Payroll Report	roll Report	JOB #:		14160 ary Switzer Bui 00054698	644160 Mary Switzer Building HHSC		Payroll Week Ending 01/03/2016	Ending 2016	Payroll No.	I No.
James L. Barry	a*									
	Socsacho.	Wages 1,915.68	Reimb	FICA MC 22.98	FICA SS 98.24	Federal 107.84 Union Ded (State Othe 82.30 Other Ded T	Other/Local Total Ded/Tax	Net Pay 1,119.00	check# .75244
Classification	Рау Туре	Mon 12-28 12	Tue Wed	Thu Fri 12-31 01-01	Sat Sun 01-02 01-03	Total	Pay Rate	Job Wages		
Journeyman-Electrici	Journeyman				Total	5.00	45.8100	229.0500 229.0500	59.01 0	S

JEANNIE THWAITES	CONTROLLER		
(Name of Signatory Party)	(Litte)	 Each laborer or mechanic its as indicated on the payroll, a 	Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable
do hereby state:		basic hourly wage rate plus the amount of the required in the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by		(c) EXCEPTIONS	
(Contractor or Subcontractor)	on the	. EXCEPTION (CRAFT)	EXPLANATION
(Building or Work) (HIAS; that during the payroll)	nayroll period commencing on the		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	earned, that no rebates have		
ADVANCED POWER CONTROL, INC	from the full		
(Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 96, 25 Stat. 108, 72 Stat. 96, 25 Stat.	ade either directly or indirectly ns as defined in Regulations, Part and Act, as amended (48 Stat. 948, below:		
			1
			×
		-	N.
		REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	mitted for the above period are ined therein are not less than the to the contract; that the classifications formed.		

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Jeannie Thwaites - Controller NAME AND TITLE

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

(4) That:

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

6

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

Employment Standards Administration Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number



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ite J 877	Washir				FICA														81
220 Girard Street, Suite J Gaithersburg, MD 20877	PROJECT AND LOCATION Mary E. Switzer (HHSC) - Washington, DC	(7)		GROSS	EARNED		\		\				\		\		\		\
220 Girard Gaithersb	Switzer	(9)		RATE	OF PAY														
ADDRESS	PROJECT AND LOCATION Mary E. Switzer	(5)		TOTAL	HOURS														
	1/10/2016	(4) DAY AND DATE	S H L M S	10 4 5 6 7 8 9	HOURS WORKED EACH DAY														
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NAME OF CONTRACTOR OR SUBCONTRACTOR XX DAME OF CONTRACTOR AND Metal Products, Inc.	PAYROLL NO. 11	(1)	-	NAME, ADDRESS, AND SOCIAL SPCHRITY NIMBER	OF EMPLOYEE	NO WORK PERFORMED													

We estimate that it will take an average of 56 minutes to complete this collection of information, including time of reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

		(O)								
Date 1/15/2010 L.B. Kline (Name of Signatory Party) (Title)	do hereby state:	(1) That I pay or supervise the payment of the persons employed by	AMCO Metal Products, Inc. on the (Contractor or Subcontractor)	Mary E. Switzer ; That during the payroll period commencing on the (Building or Work)	04 day of January , 2016 and ending the 10 day of January , 2016	all persons employed on said project have been paid the full weekly wages called, that he coates have been or will be made either directly or indirectly to or on behalf of said AMCO Metal Products, Inc.	(Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part	3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Start, 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. 276c), and described below:	

- Correct and complete, that the wage rates for laborer or mechanics contained therein are not lees than the (2) That any payrolls otherwise under this contract required to be submitted for the above period are Applicable wage rates contained in any wage determination incorporated into the contract; that the Classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United Estates Department of Labor, of if no such recognized agency exists In a State, are registered with the bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
- have been or will be made to appropriate programs for the benefit of such the above referenced payroll, payments of fringe benefits as listed in the contract - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in Employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

1/15/2016

as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed x - Each laborer or mechanic listed in the above referenced payroll has been paid, in this contract, except as noted in Section 4(c) below.

EXCEPTIONS

EXPLANATION						REMARKS: This is AMCO Metal Products, Inc. Final certified payroll.	ed payroll.
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(т.						roducts, li	roducts, li
EXCEPTION (CRAFT)						Metal P	Metal P
EXCE		=				AMCO	AMCO
						REMARKS:	REMARKS:

NAME AND TITLE

L.B. Kline, President

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

Employment Standards Administration Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number (For Contractor's Optional Use; See Instructions, Form WH-347 Inst.) PAYROLL



FOR WEEK ENDING 1/3/2016	NAME OF CONTRACTOR OR SUBCONTRACTOR XX AMCO Metal Products, Inc.	TRACTOR	XX S							ADDRESS		20 Girard Gaithersb	220 Girard Street, Suite J Gaithersburg, MD 20877	te J 877			OMB No. 1215-0149 Expires: 12/31/2011	215-0149			
(5) WORK CLASSIFICATIONS (6) AND AND DATE CLASSIFICATIONS (7) DATE CHAPTOR OF ST. (8) AND AND DATE CLASSIFICATIONS (9) AND AND DATE CLASSIFICATIONS (1) AND AND DATE CLASSIFICATIONS (1) AND AND DATE CLASSIFICATIONS (1) AND AND DATE CLASSIFICATIONS (2) AND AND AND DATE CLASSIFICATIONS (3) AND AND AND DATE CLASSIFICATIONS (4) AND AND DATE CLASSIFICATIONS (5) AND AND AND DATE CLASSIFICATIONS (6) AND			FOR WEEK ENDING		1/3/2	916				PROJE	CT AND I	witzer	(HHSC)	Washin	gton, D		колест ок G14.0 3	PROJECT OR CONTRACT NO. G14.0312.1400	NO.		
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We estimate that it will take an average of 56 minutes to complete this collection of information, including time of reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 1/13/2016	
L.B. Kline President	x - Each laborer or mechanic
(Name of Signatory Party) (Title)	as introduction in the payring basic hourly wage rate pl
do hereby state:	in this contract, except as
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
AMCO Metal Products, Inc.	
(Contractor or Subcontractor)	
Mary E. Switzer ; That during the payroll period commencing on the	EXCEPTION (CRAFT)
(Building or Work)	
28 day of December , 2015 and ending the 03 day of January , 2016	
rectly or ind	
from the full	
(Confractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly	
from the full wages carned by any person, other than permissible deductions as defined in Regulations, Part	
3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948	
63 Start, 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 2766), and described below:	
4	
	REMARKS:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are Correct and complete; that the wage rates for laborer or mechanics contained therein are not lees than the Applicable wage rates contained in any wage determination incorporated into the contract; that the Classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United Estates Department of Labor, of if no such recognized agency exists In a State, are registered with the bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such Employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

x - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in this contract, except as noted in Section 4(c) below.

EXPLANATION						
EXCEPTION (CRAFT)					REMARKS:	

SIGNATURE	(9) (q)	TEMENTS MAY SUBJECT THE CONTRACTOR OR SCITION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
NAME AND TITLE	L.B. Kline, President	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)

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ADDRESS	ADDRESS						O	OMB No.: 1235-0008	-0008
SUB TO MATERIAL DISTRIBITORS, INC.	11558 WINDSOR RD IJAMSVILLE MD 21754	JAMSVILLE	MD 21754					Expires: 01/31/2015	2015
	PROJECT AND LOCATION				PR	PROJECT OR CONTRACT NO.	RACT NO.		
December 30, 2015	MARY SWITZER	HHSC			Ö	GS11P14MKC0010/G 14312	0010/G 1431	12	
		(2)			(8)				(6)
M N N N N N N N N N N N N N N N N N N N					DEDUC	SNOIL			NET
24		GROSS		HOLDING	-				PAID FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contracts or statement with respect to the wages paid each amployee during the preceding week." U.S. Department of Labor (DOI) Regulations 29 CFR § 5.5(a)(3)(ii) require contracts to "furnish weekly a sistement with respect to the wages paid each amployee during the preceding week." U.S. Department of Labor (DOI) Regulations 29 CFR § 5.5(a)(3)(ii) require contracts to "furnish weekly a signed "Statement of Complance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. If you have any there estimates estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Vagge and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Date 12,30/15	W (d)
I, ERNIE STINSON OVNER (Title) (Title)	
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by:	
ATLANTIC INSTALLATIONS, LLC	(c) EX
(Contractor or Subcontractor)	
MARY SWITZER , that during the payroll period commencing on the	
24 day of DECEMBER 2015 and ending the 30 day of DECEMBER 2015, all be made all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
ATLANTIC INSTALLATIONS, LLC from the full	

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtille A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payrolt, payments of frings benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

HERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required finge benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION
REMARKS WEEK 31 NO WORK PERFORMED	
NAME AND TITLE	SIGNA(P) (O)
ERNIE STINSON OWNER	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO GIVIL OR	AY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR

U.S. Department of Labor Wage and Hour Division



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

PAYROLL

OMB No.: 1235-0008 Expires: 01/31/2015 Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| ADDRESS OR SUBCONTRACTOR NAME OF CONTRACTOR

ATLANTIC INSTALLATIONS, LLC SUB TO MALERIAL DISTRIBUTIONS, LLC SUB TO MALERIAL DISTRIBUTIONS, LLC SUB TO MALERIAL DISTRIBUTIONS, LLC SUB TO MALERIAL DENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SOCIAL SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SOCIAL SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER) OF SECURATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURATION NUMBER (e.g., LAST FOUR DI	G (190)		PROJECT AND LOCATION	TOO THOU				PRC	PROJECT OR CONTRACT NO.	ACT NO.	
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(1) (2) IE AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST POR SOCIAL SECURITY NUMBER) OF PREST PROPERTY NUMBERS OF PREST PREST PROPERTY NUMBERS OF PREST PRE			137	1	(7)						
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weeky a copy of all payrolis to the Federal agency contracting for or financing the construction project, accompanied by a signed 'Statement of Compliance' indicating that the payrolis are correct and complete, wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hoar Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W.

	(b) WHERE PRINGE BEINE
ERMIE STINSON OWNER (Name of Signatory Party) (Title)	- Each lat an amou fringe bi
(1) That I pay or supervise the payment of the persons employed by: ATLANTIC INSTALLATIONS, LLC (Contractor or Subcontractor)	(c) EXCEPTIONS
MARY SWIZER ; that during the payrolt period commencing on the	
17 day of DECEMBER, 2015, and ending the 23 day of DECEMBER, 2015, and ending the large sample of made an paid the full workly wages earned, that no rebates have been or will be made after directly or indirectly to or on behalf of said	
ATLANTIC INSTALLATIONS, LLC (Contractor or Subcontractor)	
veekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages semed by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtille A), issued by the secretary of tabor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:	

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroil, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

JGE BENEFITS ARE PAID IN CASH

12/30/15

borer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, unt not less than the sum of the applicable basic hourly wage rate plus the amount of the required enefits as listed in the contract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS WEEK 30 NO WORK PERFORMED	
44.0	
_	
NAME AND TITLE	(9) (Q)
ERNIE STINSON OWNER	
THE WILE UF FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR	Y SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR NO. 331 OF THE UNITED STATES CODE.

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) PAYROLL



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

CT-Andrews and	Persons are not required to respond to the conscious of morning	AODRESS	22						ō	OMB No.: 1235-0008	15-0008
NAME OF CONTRACTOR									û	Expires: 01/31/2015	1/2015
OLD STRIBUTO	ORS. INC.	11558	11558 WINDSOR RD IJAMSVILLE MD 21754	JAMSVILLE	MD 21/54			OP LECT OF CONTRACT NO	PACT NO		
ATLANTIC INSTALLATIONS, LLC SOUTO: MANIEUR BERNING	97	PROJEC	T AND LOCATION	٠				NO PERSONAL			
PAROLL NO.	2015	MAR	MARY SWITZER HHSC					GS11P14MKC0010/G14312	0010/G143	312	
6	(4) DAY AND DATE	(5)	(9)	(2)	L			(8)			(6)
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	Same and a seeisled construction contracts to respond to the information collection contained in 29 C.F.R. 59 3.3, 5.5(a). The Copaland Act (40 U.S.C. § 3145) requires	isted construc	Hon contracts to ms	nond to the inform	ation collection	contained in 29	C.F.R. 55 3.3	5.5(a). The Copela	nd Act (40 U.S	S.C. § 3145) requ	lires

While completion of Form WH-347 is optional. It is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information or offercine contractors and subcontractors performing work on Federally financed or assisted construction contractors and subcontractors performing work or federally financed or assisted construction contractors contraction or contractors of a state of a state of a state of a state of state of a state of st

Public Burden Statement

comments regarding Vashington, D.C. 20210 We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching easting data sources, gathering and maintaining the data needed, and completing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Date 12/30/15	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I. ERNIE STINSON OVANER (Name of Signatory Party) (Title)	Each laborer or mechanic listed in the an amount not less than the sum of the fringe benefits as listed in the contract
do hereby state: (1) That I pay or supervise the payment of the persons employed by:	(c) EXCEPTIONS
	EXCEPTION (CRAFT)
MARY SWIZER : Inat during the paylor commissions of the	
10 day of DECEMBER 2015, and ending the 16 day of DECEMBER 2015. all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said.	
ATLANTIC INSTALLATIONS, LLC from the full (Contractor or Subconfractor)	
weekty wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 948, 63 Stat, 108, 72 Stat, 967; 76 Stat, 357, 40 U.S.C. 3145),	
and described below:	
	REMARKS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set torth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FR:NGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (4) That:

in addition to the basic hourty wage rates paid to each laborer or mechanic listed in the above referenced payrul, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

TS ARE PAID IN CASH

s above referenced payroll has been paid, as indicated on the payroll, no applicable basic hourly wage rate plus the amount of the required t, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS WEEK 29 NO WORK DONE	
NAME AND TITLE	
ERNIE STINSON OWNER	
THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONITRACTOR TO CIVIL OR	AY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

289 U.S. Wage and Hour Division Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR OF COLUMBIA WOO!	ACTOR [SUBCONTRACTOR [7] COLUMBIA WOODWORKING, INC.			ADDRESS	935 BREI WASHIN	ADDRESS 935 BRENTWOOD RD NE WASHINGTON, DC 20018	0 NE 0018					OMB No.: 1235-000 Expires: 01/31/201	1235-000 01/31/201
PAYROLL NO.		FOR WEEK ENDING	ō		PROJECT	PROJECT AND LOCATION	NO				PROJECT O	PROJECT OR CONTRACT NO.	NO.	
37				01/03/2016	330 C	MARY E SWITZER (HHSC) 330 C ST. SW WASHINGTO	MARY E SWITZER (HHSC) 330 C ST. SW WASHINGTON, DC 20230	, DC 2023	0		G14.0312.1400	2.1400		
(1)	(2)	(3)		(4) DAY AND DATE	(5)	(9)	(7)				(8)			(6)
	ONS			28 29 30 31 1 2 3						DEDI	DEDUCTIONS			NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOI EXEMPTI	WORK	0.10	M T W TH F S S HOURS WORKED EACH DAY	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE	HEALTH INS	OTHER	TOTAL	WAGES PAID FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors (ADLI S.C. & 3448) contractors and subcontractors narrow on an enforming work on Enderally financial or sestent from	tony for o	covered contractors and sub	bcontract	tons performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act an armstrand work of the contracts of the statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at	ced or assis	sted constructi	on contracts to re	spond to the	information co lovee during th	election contained the preceding	ined in 29 C.F. week." U.S. D	R. §§ 3.3, 5.5(a	a). The Copelant abor (DOL) regu	d Act lations at

29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	01/06/2016		B JENNAFE FRINGE BE
	DENA NIHART	PAYROLL MANAGER	
 -	(Name of Signatory Party)	(Title)	A = Each
do her	do hereby state:		basic in the
E	(1) That I pay or supervise the payment of the persons employed by	persons employed by	ON CITABLE ON TO
	COLUMBIA WOODWORKING, INC.	MORKING, INC.	
	(Contractor or Subcontractor)		EXCEPTION (C
	MARY E SWITZER (HHSC)	; that during the payroll period commencing on the	
28	(Building or Work) day of DECEMBER, 2015, and e	(Building or Work) the state of January 2016 and ending the state of January 2016	
all pers been o	all persons employed on said project have been paid the full weekly w been or will be made either directly or indirectly to or on behalf of said	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
	COLUMBIA WOODWORKING, INC.	ORKING, INC. from the full	
	(Contractor or Subcontractor)		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe bene fits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.

b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

EXPLANATION

(RAFT)

		I	

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

REMARKS: NO WORK PERFORMED 12/28/15 THRU 1/3/2016

NAME AND TITLE
DENA NIHART/ PAYROLL MANAGER



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT OF THE 18 AND SECTION 231 OF TITLE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Employment Standards Administration Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division Rev. Dec. 2008

OMB No.: 1215-0149 Expires: 12/31/2011 NET WAGES PAID FOR WEEK 6) TOTAL PROJECT OR CONTRACT NO. OTHER G14.0312.1400 (8) DEDUCTIONS WITH-HOLDING TAX MARY E. SWITZER BLDG. (HHSC) WASHINGTON, DC 20037 ADDRESS 124 BYTE DRIVE FREDERICK, MD 21702 GROSS AMOUNT EARNED 0 PROJECT AND LOCATION RATE OF PAY (9) TOTAL (2) EACH DAY (4) DAY AND DATE 01/01/2016 .T2 90 .T0 0 S 0 0 S 0 S 0 0 S FOR WEEK ENDING CUSTOM GLASS SERVICES, INC. WORK CLASSIFICATION (3) OR SUBCONTRACTOR [7] NO. OF WITHHOLDING EXEMPTIONS (2) NO WORK PREFORMED THIS WEEK. NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NAME OF CONTRACTOR Ξ 18 PAYROLL NO.

29 C.F.R. § 5.5(a)(3) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required frince benefits as listed	in the contract, except as noted in section 4(c) below.		(EXPLANATION											(301) 668-0110 (b) (6)
= Each labore as indicated basic hourly	in the contre	(c) EXCEPTIONS	EXCEPTION (CRAFT)								REMARKS:			NAME AND TITLE ANGELA L. McCLELLAND (301) HR/PAYROLL ADMINISTRATOR
HR/PAYROLL ADMINISTRATOR (Title)	arsons employed by			, and ending the 1 day of 1 2016	If the full weekly wages earned, that no rebates have in behalf of said	RVICES, INC. from the full contractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start 108 72 Stat 967: 76 Stat 357: 40 H.S. C. 8 3451, and described below:	fision Insurance, Health Insurance,	s, Company Loan Repayments,	401K Loan Repayments, Check A		or mechanics contained here a less than the remination incorporated in a manic conform with	bove period are duly egistered in a bona fide prenticeship agency rectaficed by the Bureau of tof Labor, or if no such recognized agency exists in a and Training, United States Department of Labor.	FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
I, ANGELA L. McCLELLAND (Name of Signatory Party) do hereby state:	(1) That I pay or supervise the payment of the nersons employed by	SECTIVEES SOVIEW MOLESTIC	(Contractor or Subcontractor) MARY B. SWITZER BLDG.	(Building or Work) 26 day of 12 , 2015, and end	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	CUSTOM GLASS SERVICES, INC. (Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 94 S. Stat. 94 Stat. 9	Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,	401K Deferrals Court Mandated Garnishments, Company Loan Repayments,	Employee Purchases on Company Accounts, 401K Loan Repayments, Check A	Vehicle Fringe, Payroll Adjustments	(2) That any payrolls otherwise under this contract required to be submitted correct and complete; that the wage rates for laborers or mechanics contained happlicable wage rates contained in any wage determination incorporated in classifications set forth therein for each laborer or mechanic conform with	(3) That any apprentices employed in the above period are duly egistered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, \[\begin{align*} \Boxed & \leq & \

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

01/06/2016

Date

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE CHILLING MEN. COULD, THE COMPOSITION SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of finige benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

Employment Standards Administration Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division Rev. Dec. 2008

OMB No.: 1215-0149 Expires: 12/31/2011 NET WAGES PAID FOR WEEK (6) TOTAL PROJECT OR CONTRACT NO. OTHER G14.0312.1400 (8) DEDUCTIONS WITH-HOLDING TAX PROJECT AND LOCATION MARY E. SWITZER BLDG. (HHSC) WASHINGTON, DC 20037 FREDERICK, MD 21702 GROSS AMOUNT EARNED ADDRESS 124 BYTE DRIVE 8 RATE OF PAY (9) TOTAL (2) HOURS WORKED EACH DAY (4) DAY AND DATE 12/25/2015 .T2 AO .TO 0 w 0 S 0 0 S 0 0 FOR WEEK ENDING CUSTOM GLASS SERVICES, INC. WORK (3) OR SUBCONTRACTOR [7] NO. OF WITHHOLDING EXEMPTIONS (2) NO WORK PREFORMED THIS WEEK NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NAME OF CONTRACTOR Ξ 17 PAYROLL NO.

29 C.F.R. § 5.5(a)3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits. While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed	in the contract, except as noted in section 4(c) below.	EXPLANATION											SIGNATURE	ANGELA L. McCLELLAND (301) 668-0110 HR/PAYROLL ADMINISTRATOR THE WILLFUL FALSIFICATION OF ANY OF THE ABC SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	
Each laborer or mech as indicated on the probasic hourly wage ration to the probasic hourly wage ration.	iii iiis coliiiaci, excep (c) EXCEPTIONS	EXCEPTION (CRAFT)								. REMARKS:			NAME AND TITLE	ANGELA L. McCLELLAND (301) 668-0110 HR/PAYROLL ADMINISTRATOR THE WILLFUL FALSIFICATION OF ANY OF THE AI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION	31 OF THE UNITED STATES CODE.
HR/PAYROLL ADMINISTRATOR (Title)	ersons employed by		and ending the 25 day of 12 , 2015	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	RVICES, INC. from the full contractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	lision Insurance, Health Insurance,	s, Company Loan Repayments,	401K Loan Repayments, Check A		or mechanics contained here are less than the remination incorporated in performed, that the hanic conform with	bove period are duly registered in a bona fide prenticeship agency recognized by the Bureau of tof Labor, or if no such recognized agency exists in a and Training, United States Department of Labor.	nat: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such	2
I, ANGELA L. McCLELLAND (Name of Signatory Party) do hereby state:	(1) That I pay or supervise the payment of the persons employed by	CUSTOM GLASS SERVICES, INC (Contractor or Subcontractor) MARY B. SWITZER BLDG.	ig or Work) 2015	all persons employed on said project have been paid the full weekly been or will be made either directly or indirectly to or on behalf of said	CUSTOM GLASS SERVICES, INC. (Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made from the full wages earned by any person, other than permissible deductions as 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Ac 63 Start. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below	Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,	401K Deferrals Court Mandated Garnishments, Company Loan Repayments,	Employee Purchases on Company Accounts, 401K Loan Repaymer	Vehicle Fringe, Payroll Adjustments	(2) That any payrolls otherwise under this contract required to be submitted correct and complete; that the wage rates for laborers or mechanics contained the applicable wage rates contained in any wage determination incorporated in classifications set forth therein for each laborer or mechanic conform with	(3) That any apprentices employed in the above period are duly egistered in a bona fide apprenticeship program registered with a State apprenticeship agency reconstrict by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID T	 in addition to the basic hourly wage rates paid to each lab the above referenced payroll, payments of fringe benefits have been or will be made to appropriate programs 	employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

01/06/2016

Date

Employment Standards Administration Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

U.S. Wage and Hour I Twiston

OMB No.: 1215-0149 Expires: 12/31/2011 NET WAGES
PAID
FOR WEEK 6) Rev. Dec. 2008 TOTAL PROJECT OR CONTRACT NO. OTHER G14.0312.1400 (8) DEDUCTIONS Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. WITH-HOLDING TAX MARY E. SWITZER BLDG. (HHSC) WASHINGTON, DC 20037 FREDERICK, MD 21702 GROSS AMOUNT EARNED ADDRESS 124 BYTE DRIVE 0 PROJECT AND LOCATION RATE OF PAY (9) TOTAL (2) (4) DAY AND DATE 12/18/2015 .T2 90 .T0 0 S 0 S 0 0 0 S 0 S FOR WEEK ENDING CUSTOM GLASS SERVICES, INC. WORK (3) OR SUBCONTRACTOR Z NO. OF WITHHOLDING EXEMPTIONS (2) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NO WORK PREFORMED THIS WEEK NUMBER) OF WORKER NAME OF CONTRACTOR Ξ 16 PAYROLL NO.

29 C.F.R. § 5.5(a)3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer to the information to less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe beneaffs. While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

I, ANGELA L. McCLELLAND	HR/PAYROLL ADMINISTRATOR		bion and house becaused as the other of the better because the second
(Name of Signatory Party)	(Title)		cach laborer of infection listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable
do hereby state:		basic hourly wage rate plus the amount of the required in the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	ons employed by		
CUSTOM GLASS SERVICES, INC.	(VICES, INC.	(c) LYCET 1000	
(Contractor or Subcontractor)	,	EXCEPTION (CRAFT)	EXPLANATION
MARY B. SWITZER BLDG.	; that during the payroll period commencing on the		
(Building or Work) 12 day of 12 , 2015 , and ending the	ng the 18 day of 12 , 2015		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	ne full weekly wages earned, that no rebates have behalf of said		
CUSTOM GLASS SERVICES, INC.	/ICES, INC. from the full		
veekly wages earned by any person and that no deductions have been made either directly or indirectly	ctions have been made either directly or indirectly	>	
from the full wages earned by any person, other than permissible deductions as defined in Kegulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	missible deductions as defined in Regulations, Part r under the Copeland Act, as amended (48 Stat. 948, 45), and described below:		
Supplemental Insurance, Dental Insurance, Vision Insurance, Health Insurance,	ion Insurance, Health Insurance,		
401K Deferrals Court Mandated Garnishments, Company Loan Repayments,	Company Loan Repayments,		
Employee Purchases on Company Accounts, 401K Loan Repayments, Check A	01K Loan Repayments, Check A		
Vehicle Fringe, Payroll Adjustments		REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted correct and complete; that the wage rates for laborers or mechanics contained happlicable wage rates contained in any wage determination incorporated in classifications set forth therein for each laborer or mechanic conform with	required to be submitted the ve period are mechanics contained her en less than the ination incorporated in the performed.		
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	ve period are duly registered in a bona fide nitiesship agency reconfized by the Bureau of flabor, or if no such recognized agency exists in a rd Training, United States Department of Labor.		

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

HR/PAYROLL ADMINISTRATOR

ANGELA L. McCLELLAND

01/06/2016

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE 31 OF THE UNITED STATES CODE.

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

1 >

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

9

ANGELA L. McCLELLAND (301) 668-0110 HR/PAYROLL ADMINISTRATOR

NAME AND TITLE

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm) PAYROLL

U.S. Wage and Hour Division Rev. Dec 2008

OMB No · 1235-0008 Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Expires: 1/31/2015	ONL	-C-0010	(6)	NET WAGES PAID FOR WEEK																	
OMB No. Expires:	ON TOBOUTBACT NO	GS-11P-14-MK-C-0010		TOTAL DED.																	
	DO IECT OF	GS-11		OTHER														W-10-2			
		ı.	(8) DEDUCTIONS	LOCAL																	
		4	DEDUC	STATE																	
				WITH- HOLDING TAX																	
		20850		FICA	5																
ADDRESS 45915 Maries Road # 132 Dulles, VA 20166		PROJECT AND LOCATION Mary E. Switzer - HHSC : Painting 15020 Shady Grove Road # 500 Rockville, MD 20850	(7)	GROSS AMOUNT EARNED	PROJECT / ALL		\		\		\		\				/				\
# 132 E		ISC:Pa Road#	(9)	RATE	PAY																
s Road		LOCATION zer - HH / Grove	(5)	TOTAL																	
ADDRESS 45915 Marie		PROJECT AND LOCATION Mary E. Switzer - HH: 15020 Shady Grove F		01/02 01/03 Sa Su	-																
459	2	Mar 150	DATE	01/01 01 Fr S	EACH DAY																
			(4) DAY AND DATE	12/30 12/31 We Th	HOURS WORKED EACH DAY																
		016	I L	12/29 12/ Tu M	HOUR																-
>		ING 01/03/2016	_	T 12/28 or Mo		0	S	0	S	0	S	0	S	0	· σ	0	o o	0	o o	0	0
ACTOR		FOR WEEK ENDING																			
OR SUBCONTRACTOR		FOR V	(3)	WORK	CLASSIFICATION																
OR S			(2)	# 1				-		-											
NAME OF CONTRACTOR	Federal Painting, Inc.	PAYROLL NO.		NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF		No Work Performed.															

While completion of Form WH- 347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U. S. The Copeland Act (DU. S. C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. The Copeland Act (DU. S. C. § 3145) contractors or contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis- Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U. S. Department of Labor, Room \$3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.

Date	01/04/2016		(b) WHERE FRINGE BENEFII'S AKE PAID IN CASH	AID IN CASH	
1	Patty Simons	Vice President	-Each laborer or mechanic listed in	-Each laborer or mechanic listed in the above referenced payroll has been paid,	
(Na	(Name of Signatory Party)	(Title)	as indicated on the payroll, an amor	as indicated on the payroll, an amount not less than the sum of the applicable	
do hereby state:			basic hourly wage rate plus the amo	basic hourly wage rate plus the amount of the required fringe benefits as listed	
(1) That I pay or su	(1) That I pay or supervise the payment of the persons employed by	ed by	in the contract, except as noted in section 4(c) below.	ection 4(c) below.	
	Federal Painting, Inc.		SINCIFICIONE		
	(Contractor or Subcontractor)		(c) EXCEPTIONS		
Mary E. Swit	Mary E. Switzer - HHSC : Painting ; that during the pay	the payroll period commencing	EXCEPTION (CRAFT)	EXPLANATION	
on the 28 day of 2016, all persons that no rebates have be	on the 28 day of December 2015, and ending the 03 day of January 2016, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	ie 03 day of January , id the full weekly wages earned, rectly to or on behalf of said			
	Federal Painting, Inc.	from the			
	(Contractor or Subcontractor)				
full weekly wages e directly or indirectly	full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible	s have been made either other than permissible			
deductions as defin of Labor under the (deductions as defined in Regulations, Part 3 (29 C.F.n. Sublitte A), issued by the Security of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 78 Stat. 347: 40 H S C. 8 3145), and described below:	8 Stat. 108, 72 Stat. 967;			
			REMARKS:		
(2) That any payro above period are α contained therein al determination Incor each laborer or meα	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanic contained therein are not less than the applicable wage rates contained in any wage determination Incorporated into the contract; that the classifications set forth therein each laborer or mechanic conform with the work he performed.	be submitted for the laborers or mechanics ontained in any wage ions set forth therein for			
(3) That any appre fide apprenticeship the Bureau of Appre	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no	y registered in a bona ship agency recognized by rdment of Labor, or if no			
such recognized ag and Training, United	such recognized agency exists in a State, are registered with the bureau of Approximation and Training, United States Department of Labor.		NAME AND TITLE	SIGNATURE	
			Patty Simons		
(4) I hat: (a) WHERE FRINC	(4) Inat: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,	PLANS, FUNDS, OR PROGRAMS	Vice President		
-In addition to the above refe	In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract	borer or mechanic listed in as listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECU OF TITLE 31 OF THE UNITED STATES CODE.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR UR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such

employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm) PAYROLL

U.S. Wage and Hour Division Rev. Dec 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008 1/31/2015 **NET WAGES** PAID FOR WEEK GS-11P-14-MK-C-0010 6 PROJECT OR CONTRACT NO. Expires: TOTAL DED. OTHER LOCAL (8) DEDUCTIONS STATE TAX WITH-HOLDING TAX Mary E. Switzer - HHSC : Painting 15020 Shady Grove Road # 500 Rockville, MD 20850 FICA 45915 Maries Road # 132 Dulles, VA 20166 PROJECT / ALI GROSS AMOUNT EARNED PAY PAY (9) PROJECT AND LOCATION TOTAL (2) 12127 Su 12/26 Sa HOURS WORKED EACH DAY 12/25 ŭ (4) DAY AND DATE 12/24 드 12/23 We 12/22 2 12/27/2015 12/21 Mo > FOR WEEK ENDING 0 S 0 7 S P 0 S 0 S 0 S 0 0 S 0 S 0 S OR SUBCONTRACTOR CLASSIFICATION WORK (3) ₩ Ă (2) IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) No Work Performed Federal Painting, Inc. NAME AND INDIVIDUAL NAME OF CONTRACTOR OF WORKER 45 PAYROLL NO.

While completion of Form WH- 347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respect to the wages paid each employee during the preceding week." U. S. Department Act (40 U. S. C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5 at (3) (ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis- Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fininge benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.

Date	12/31/2015		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	PAID IN CASH
_	Patty Simons	Vice President	-Each laborer or mechanic listed in	-Each laborer or mechanic listed in the above referenced payroll has been paid,
do hereby state:			as indicated on the paylon, an anno basic hourly wage rate plus the am	as indicated on the payron, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed
(1) That I pay	(1) That I pay or supervise the payment of the persons employed by	ns employed by	in the contract, except as noted in section 4(c) below.	section 4(c) below.
	Federal Painting, Inc.	on the		
	(Contractor or Subcontractor)	or)	(c) EXCEPTIONS	
Mary E	Mary E. Switzer - HHSC : Painting ; th	; that during the payroll period commencing	EXCEPTION (CRAFT)	EXPLANATION
on the 21	21 day of December 2015, and ending the	21 day of December 2015, and ending the 27 day of December, all nersons employed on said project have been paid the full weekly wages earned,		
hat no rebate	that no rebates have been or will be made either directly or indirectly to or on behalf of said	atly or indirectly to or on behalf of said		
	Federal Painting, Inc.	from the		
	(Contractor or Subcontractor)			
ull weekly wa lirectly or indi	full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Degulations. Dart 3 (20 C F R. Suhtitle A) issued by the Secretary	leductions have been made either represent other than permissible subtitle A issued by the Secretary		
of Labor unde 76 Stat. 357; 4	of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	at. 948, 63 Stat. 108, 72 Stat. 967;		
			REMARKS:	
(2) That any above period a	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage	quired to be submitted for the rates for laborers or mechanics erates contained in any wage		

NAME AND TITLE Patty Simons Vice President

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

-In addition to the basic hourly wage rates paid to each laborer or mechanic listed in

the above referenced payroll, payments of fringe benefits as listed in the contract

have been or will be made to appropriate programs for the benefit of such

employees, except as noted in section 4(c) below.

such recognized agency exists in a State, are registered with the Bureau of Apprenticeship

and Training, United States Department of Labor.

(4) That:

fide apprenticeship program registered with a State apprenticeship agency recognized by

(3) That any apprentices employed in the above period are duly registered in a bona

the Bureau of Apprenticeship and Training, United States Department of Labor, or if no

determination Incorporated into the contract; that the classifications set forth therein for

each laborer or mechanic conform with the work he performed.



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAYSUBLECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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	J.S. Wage and Hour Division Rev. Dec. 2008	
	and He	
	. Wage	
	U.S	

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008 Expires: 01/31/2015 NET WAGES PAID FOR WEEK 6) TOTAL PROJECT OR CONTRACT NO. OTHER (8) DEDUCTIONS UNION STATE WITH-HOLDING TAX ADDRESS 7525 Connelley Drive, Unit U FICA Hanover, MD 21076 GROSS AMOUNT EARNED 0 PROJECT AND LOCATION RATE OF PAY Switzer HHS (9) TOTAL (2) 0 S S 6 (4) DAY AND DATE ∞ 1 ≽ 9 01/10/2016 Н 2 Z 4 Subwork for: WE Bowers .TS ЯО .TO 0 0 0 0 0 S 0 0 Ø 0 Ø Ø S Ø FOR WEEK ENDING WORK <u>@</u> OR SUBCONTRACTOR NO. OF WITHHOLDING EXEMPTIONS G&M Services, LLC NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NO WORK DONE NAME OF CONTRACTOR Ê 47 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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Date		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
Valencia Payne	Accounts Receivables Clerk	Each laborer or machanic listed in the above referenced navirall has been naid	bied need sed lloryed bec
(Name of Signatory Party)	(Title)		he sum of the applicable
do hereby state:		basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	ed fringe benefits as listed
(1) That I pay or supervise the payment of the persons employed by	he persons employed by	SNOTE	
G&M Services, LLC	Subwork for: WE Bowers		
(Contractor or Subcontractor)		EXCEPTION (CRAFT) EXP	EXPLANATION
Switzer HHS	; that during the payroll period commencing on the		
(Building or Work) 4 day of January 2016	and ending the 10 day of January 2016		
all persons employed on said project have been paid the full weekly wages earned, been or will be made either directly or indirectly to or on behalf of said	paid the full weekly wages earned, that no rebates have o or on behalf of said		
G&M Services, LLC	Subwork for: WE Bowers from the full		
(Contractor or	(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either from the full wages earned by any person, other than permissible deductions as defin 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.		
National Pension Fund	\$1.70 per hr.		
Steamfitters Local 602	9.90 per hr.		
Plumbers Local 5	9.76 per hr.		
Unskilled Labor	7.71 per hr.	REMARKS:	
(2) That any payrolls otherwise under this c	(2) That any payrolls otherwise under this contract required to be submitted for the above period are		

1 / 14 / 2016

Date

CONTRACTOR OR AND SECTION 231 OF TITLE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE 31 OF THE UNITED STATES CODE.

Accounts Receivables Clerk

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

 \searrow

(4) That:

Valencia Payne NAME AND TITLE

NO WORK DONE

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

W.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NET WAGES PAID FOR WEEK OMB No.: 1235-000 Expires: 01/31/201 6) TOTAL PROJECT OR CONTRACT NO. OTHER 10232834 (8) DEDUCTIONS UNION STATE WITH-HOLDING TAX ADDRESS 7525 Connelley Drive, Unit U FICA Hanover, MD 21076 GROSS AMOUNT EARNED Switzer HHS Consolidation E PROJECT AND LOCATION RATE OF PAY (9) TOTAL (2) S 3 S N (4) DAY AND DATE 31 ≥ 30 01/03/2016 29 Η Subwork for: Singleton Electric Σ 28 .T2 R0 .T0 0 S 0 0 Ø 0 0 Ø 0 S 0 FOR WEEK ENDING CLASSIFICATION WORK 3 OR SUBCONTRACTOR NO. OF EXEMPTIONS EXEMPTIONS G&M Services, LLC NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NO WORK DONE NAME OF CONTRACTOR E 50 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each labor or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefit

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable 	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	(c) EXCEPTIONS	EXCEPTION (CRAFT) EXPLANATION										REMARKS:	NO WORK DONE	(9) (Q)
	Accounts Receivables Clerk (Title)		ersons employed by	ork for: Singleton Electric on the onthe onthe	that during the payroll period commencing on the	and ending the 3 day of January 2016	the full weekly wages earned, that no rebates have on behalf of said	k for: Singleton Electric from the full		weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	\$1.70 per hr.	9.90 per hr.	9.76 per hr.	7.71 per hr.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training United States Department of Labor.
Date 1/6/2016	I, Valencia Payne (Name of Signatory Party)	do hereby state:	ment	G&M Services, LLC Subwork for: (Contractor or Subcontractor)	Switzer HHS Consolidation	(Building or Work) 28 day of December , 2015, and en	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	G&M Services, LLC Subwork for:	(Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, 1 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	National Pension Fund	Steamfitters Local 602	Plumbers Local 5	Unskilled Labor	(2) That any payrolls otherwise under this contract required to be submitted for correct and complete; that the wage rates for laborers or mechanics contained the applicable wage rates contained in any wage determination incorporated into the coset forth therein for each laborer or mechanic conform with the work he performed.	(3) That any apprentices employed in the above period are duly registered in a bona fide apprentices program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training. United States Department of Labor, or if no such recognized agency exists in a State, are regis with the Bureau of Apprenticeship and Training Linied States Department of Labor.

UNTRACTOR OR AND SECTION 231 OF TITL

THE WILLFUL FALSIFICATION OF ANY OF THE ABÓY SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUT 31 OF THE UNITED STATES CODE.

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of finge bene fits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

>

(4) That:

Accounts Receivables Clerk

NAME AND TITLE Valencia Payne

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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	U.S. Wage and Hour Division Rev. Dec. 2008	
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Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008 Expires: 01/31/2015 NET WAGES PAID FOR WEEK 6) TOTAL PROJECT OR CONTRACT NO. OTHER 10232834 (8) DEDUCTIONS UNION STATE WITH-HOLDING TAX FICA ADDRESS 7525 Connelley Drive, Unit U Hanover, MD 21076 GROSS AMOUNT EARNED Switzer HHS Consolidatiaon 0 PROJECT AND LOCATION RATE OF PAY 9 TOTAL (5) 27 S EACH DAY 26 S (4) DAY AND DATE 25 Ľ \vdash 24 B 23 12/27/2015 22 Н Singleton Electric Σ 21 .Ta Ao .To 0 S 0 0 0 0 0 S S S 0 S 0 w FOR WEEK ENDING WORK Subwork for: 3 OR SUBCONTRACTOR NO. OF EXEMPTIONS EXEMPTIONS 3 G&M Services, LLC NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NO WORK DONE NAME OF CONTRACTOR E 49 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer rectaning the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

12/30/2015

correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. >

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

(4) That:

NO WORK DONE	· (9)
NAME AND TITLE Valencia Payne Accounts Receivables Clerk	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATE SUBCOURTECTOR TO CIVIL ON CRIMINAL PROSECUTION. SEASO THE INTERPS SODE.	CTOR OR ECTION 231 OF TITLE

CONTR	ACTOR'S WEEKLY PAYROLL ST	ATEMENT
PAYROLL NUMBER	PAYROLL DATE	GROSS AMOUNT
63	January 10, 2016	\$1,281.54

I, Dorothy Root, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 4th day of January 2016 and ending on the 10th day of January 2016, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

- 2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.
- 3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.
 - 4) That:
 - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Dorothy Root, Accounting Supervisor	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

Certified Payroll Report

Job: 14-0312-1400

WASHINGTON, DC

SWITZER HHSC

For the Period Ending:

01-10-16

RONNIE ASHTON (b) (6) Black Male M - 5 CARPENTER Reg CARPENTER OT
01-04 <u>Mon</u> 8.00
01-05 Tue 8.00
01-06 Wed 4.00
01-07 Thu 8.00
01-08 Fri 8.00
01-09 <u>Sat</u> 7.00
01-10 <u>Sun</u>
Total Hours 36.00 7.00
Rate 27.56 41.34
Cash <u>Fringe</u>
Hrly <u>Fringe</u>
Gross This Job 992.16 289.38 1,281.54
Total <u>Gross</u> 1,391.78
FWH FICA 107.85
SWH SUI/SDI 58.44
H Other
her <u>cts</u> :.02
<u>Net</u> 1,060.99

01-04-16 01-05-16 01-06-16 01-07-16 01-08-16 01-09-16 01-10-16 Total Monday Tuesday Wednesdy Thursday Friday Saturday Sunday Hours 8.00 8.00 4.00 8.00 8.00 7.00 .00 43.00	Totals for SWITZER HHSC
Gross <u>This Job</u> 1,281.54	
Total Gross Deductions 1,391.78 FWH 107.85 FICA 106.48 SWH 58.44 SDI .00 Other 58.02	
<u>Net</u> 1,060.99	

	ASH04	Emp		Job:
	104	Employee		14-0312-1400
	RONNIE	Employee Name	WASHINGTON	2-1400
	RONNIE ASHTON	e Name	STON DC	SWITZER HHSC
Ī	UNION FRNG	Fringe ID		For the Period Ending:
393.02	393.02	Amount		01-10-2016

CONTRACTOR'S WEEKLY PAYROLL STATEMENT							
PAYROLL NUMBER	PAYROLL DATE	GROSS AMOUNT					
62 January 3, 2016 \$749.32							

I, Dorothy Root, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 28th day of December 2015 and ending on the 3rd day of January 2016, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

- 2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.
- 3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.
 - 4) That:
 - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Dorothy Root, Accounting Supervisor	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

GRUNLEY CONSTRUCTION CO, INC.

Certified Payroll Report

Job: 14-0312-1400 SWITZER HHSC

WASHINGTON, DC

For the Period Ending:

01-03-16

<u>Net</u>	Net
862.83	494.84
Other	Other
Deducts	Deducts
46.10	159.41
SWH	SWH
SUI/SDI	SUI/SDI
44.69	53.65
FWH	FWH
FICA	FICA
64.45	65.77
84.33	61.19
Total	Total
Gross	Gross
1,102.40	834.86
Gross	Gross
This Job	This Job
661.44	87.88
661.44	87.88
Hrly	Hrly
Fringe	Fringe
Cash	Cash
Fringe	Fringe
Rate 27.56	<u>Rate</u> 21.97
Total	Total
Hours	Hours
24.00	4.00
01-03	01-03
Sun	Sun
01-02 Sat	01-02 Sat 4.00
01-01	01-01
Fri	<u>Fri</u>
12-31	12-31
Thu	<u>Thu</u>
12-30 Wed 8.00	12-30 Wed
12-29 Tue 8.00	12-29 <u>Tue</u>
12-28 Mon 8.00	12-28 Mon
RONNIE ASHTON (b) (b) (6) Black Male Male M. 5 CARPENTER Reg	JEROME ASHTON (C) (G) (G) Black Male S - 3JNSKILLED LABORE Reg

SWITZER HHSC		
Totale for		

Net 1,357.67
Deductions 130.22 145.52 98.34 .00 205.51
FICA SWH SDI Other
Total <u>Gross</u> 1,937.26
Gross This Job 749.32
Total <u>Hours</u> 28.00
01-03-16 Sunday .00
01-02-16 Saturday 4.00
01-01-16 <u>Friday</u> .00
12-31-15 Thursday ,00
12-29-15 12-30-15 Tuesday Wednesdy 28.00 8.00
12-29-15 Tuesday 8.00
12-28-15 Monday 8.00

Page 10
01-05-16
Hourly Fringe Detail Report
GRUNLEY CONSTRUCTION CO, INC.

01-03-2016		Amount	219.36	219.36	2.64	13.48
For the Period Ending:		Fringe ID	UNION FRNG		401-K MCH HOSP - S	ı
SWITZER HHSC	WASHINGTON DC	Employee Name	RONNIE ASHTON	240	JEROME ASHTON	
14-0312-1400	WASH	Employee Empl			5 .5 .3	
Job:		Empl	ASH04		ASH05	

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Divis Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-C Expires: 02/28/; Z № G For While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts and subcontractors and subcontractors and subcontractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regular contractors and subcontractors to submit weekly a copy of all payrolis to the Federal agreement for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolis are correct and complete and the acritical payrolis to the Federal agreement of DoL and federal contracting agencies receiving this information teview the information to determine that employees have receive legally required wages and fringe benefits. SUB - SINGLETON ELECTRIC Deductions Total PROJECT OR CONTRACT NO. Other Deduc-(8) DEDUCTIONS Union tions W/H Tax State & Local Fed W/H Tax PROJECT AND LOCATION 14138-MARY SWITZER DHHS CONSOL Amount Earned Gross 8 Hours Non-Hourly* of Pay (6) Rate Manassas, VA 20109 ADDRESS 7170 Gary Road No Work This Period Total (5) Earn 12/27 12/28 12/29 12/30 12/31 01/01 01/02 Code SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 01/02/2016 FOR WEEK ENDING Classification OR SUBCONTRACTOR Work (3) Exmp Identifying number (e.g. last : # of four digits of Social Security | W/H (2) Name and Individual NAME OF CONTRACTOR X number) of worker 53 PAYROLL NO. LSSI

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have a comment is regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washingto D. C. 20210.

Date , 01/06/16	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
The second second second	Each Jahorer or mechanic listed in the above referenced payroll has been baid.
(Name of signatory party) (Title)	as indicated on the payroll, an amount not less than the sum of the applicable
do hereby state:	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.
(1) That I pay or supervise payment of the persons employed by	(c) EXCEPTIONS
LSSI on the	
(Contractor or Subcontractor) MARY SWITZER DHHS CONSOL ; that during the payroll period commencing on the	EXCEPTION (CRAFT)
(Building or Work)	
27th day of December, 2015, and ending the 2nd day of January 2016,	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
LSSI from the full	
(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:	

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

Fringes include: Life Insurance, Health Insurance, Sick Leave,

Vacation Leave, Holidays, 401k Contributions

Any questions, please contact me at: 703-631-7476

REMARKS:

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

Payroll Admin

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBSCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

SIGNATURE

NAME AND TITLE Rhonda Thompson

U.S. Department of Labor Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

U.S. Wage and Hour Division

		pages are not required to respond to the collection of information unless it displays a currently valid OMB control number.	
NAME OF CONTRACTOR X	OR SUBCONTRACTOR	ADDRESS 7170 Gary Road Manassas, VA 20109	OMB No.: 1235-0008 Expires: 02/28/2018
LSSI		1 PROJECT OR CONTRACT NO.	CT NO.
PAYROLL NO. 52		FOR WEEK ENDING 12/26/2015 PROJECT AND LOCATION 14 130-WAN SWITZELY DING SUB - SING	SUB - SINGLETON ELECTRIC
70		-	(6)
makes are recommended as a contract of the con	(2) (3)	(4) DAY AND DATE (5) (7) DEDUCTIONS	Net
Name and Individual	† *	Gross Fed	vvages
four digits of Social Security W/H	W/H Work	Total Amount W/H Local Deduc-	Total For Week
number) of worker	Exmp Classification	FICA Lax WITH Lax Library	
	I MO LEI ECTRICAL	4.00 25.55 102.20 65.55 85.99 41.00	163.29 355.83 664.37
MCCHAIN, GREGORI G	INSTALLER		N in the second
			Gelidel. Male
			2.3 E E(2) The Coneland
		Endersally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. 3	the of labor (DOL)
White completion of Form WH-347 i.	s optional, it is mandatory for co	White completion of From WH-347 is opported by the complete of the completion of the	yrolls are correct and
Act (40 0.5.C. § 5.145) contractors at 29 C.F.R. § 5.5(a)(3)(ii	i) require contractors to submit	feet of 1905. See See See See See See See See See Se	at employees have received
complete and that each laborer or m	nechanic has been paid not less	complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate tot the work periodic and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate to the work periodic and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate to the work periodic and the proper Davis Bacon prevailing wage rate to the pr	

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210. legally required wages and fringe benefits.

Date	12/30/15	
I. Rhonda T	Thompson	Payroll Admir
(Name of	Jame of signatory party)	(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

; that during the payroll period commencing on the (Contractor or Subcontractor) MARY SWITZER DHHS CONSOL

all persons employed on said project have been paid the full weekly wages earned, that no rebates have 20th day of December, 2015, and ending the 26th day of December 2015 been or will be made either directly or indirectly to or on behalf of said (Building or Work)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below: (Contractor or Subcontractor)

FICA, Medicare, Federal/State Withholding Taxes, DENTAL - EF, LEVEL 1 DED EMP-FAM - HEALTH

than the applicable wage rates contained in any wage determination incorporated into the contract; that are correct and complete; that the wage rates for laborers or mechanics contained therein are not less the classifications set forth therein for each laborer or mechanic conform with the work he performed. (2) That any payrolls otherwise under this contract required to be submitted for the above period

- State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (4) That:
 - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, basic hourly wage rate plus the amount of the required fringe benefits as listed as indicated on the payroll, an amount not less than the sum of the applicable in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

on the

EXCEPTION (CRAFT)

EXPLANATION

Any questions, please contact me at: 703-631-7476 REMARKS

Fringes include: Life Insurance, Health Insurance, Sick Leave,

Vacation Leave, Holidays, 401k Contributions

SIGNATURE NAME AND TITLE Rhonda Thompson Payroll Admin

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

12/30/2015 07:35:45 AM

-Payroll Certification Report

14138-MARY SWITZER DHHS CONSOL

12/20/15 To 12/26/15

401K

ELECTRICAL INSTALLEF

181 - MCCHAIN, GREGORY G

Employee

HEALTH INS HOLIDAY LIFE INS SICK LEAVE Total 1.840 0.980 VAC

0.690

0.300

3.840

Emp. Name

Title: Payroll Admin

Rhonda F. Thompson

12/25/15 to 12/31/15 Union Deductions/Fringes Report

2481801-42
H & H T930 A3ZTIWS YAAM

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					00.₽						
				102.20			4.00				
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				102.20	00.4	lstoT				AE INSTALLER	ELECTRIC
102.20	08.81		L	102.20	4,00		4.00	25.55	BEG	, скесоку с	MCCHAIN
Egninnsa	JunomA		əpoə	Earnings	Hours	**************************************	12/31	Rate		on ss	Emp. No
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Singleton Electric Company, Inc. Statement of Compliance Wage and Hours Report

Week Ending: 1/17/2016

Singleton Electric Company, Inc. Gaithersburg, MD 20879 7860 Cessna Ave.

Employer:

CP# 65

Switzer HHS Consolidation Washington, DC 20230 330 C St SW Project:

Job# 1419

To: Grunley Construction Co. 15020 Shady Grove Rd #500

Rockville, MD 20850

Contract# **GS-11P-14-MKC-0010**

AND ENDING 1/17/2016 I, Erin Weidemann, Assistant Controller do hereby state: FOR THE PAY PERIOD BEGINNIN1/11/2016

above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by Electric Co., Inc. on the above referenced project, during the time period shown any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as 1) That I pay or supervise the payment of persons employed by Singleton under the Copeland Act, and all subsequent amendments.

- 2) That any paryolls otherwise under this contract required to be submitted for mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications the above period are correct and complete; that the wage rates for laborers or set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency Department of Labor, or, if no such agency exists in a State, are registered with he Bueau of Apprenticeship and Training, United States Department of Labor. recognized by the Bureau of Apprenticeship and Training, United States
- FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:



Erin Weidemann, Assistant Controller

Singleton Electric Company, Inc. Wage and Hours Report Statement of Compliance

Cb# **65**

Week Ending: 1/17/2016

		2	Non	Les	Wed	Mon Tues Wed Thurs Fri	acomments:	Sat	Sun To	ot Hrs V	Nage F Rate	ringe Rate (Job Gross Pay	Tot Hrs Wage Fringe Job Gross Pay FWH Rate Rate Gross Pay	HWH	MED FICA	State WH Misc Net Pay	Misc Deducts	Net Pay
NEUB0 Neugebauer;Brian Paul	ier;Brian Paul		/ 26	IBEW 26 JA-03.4	3.4														
		REG	8.0	0.0	0.0	8.0 8.0	8.0	0.0	0.0	32.0	47.20	16.03	47.20 16.03 1,510.40			27.37	_		
Elec Subforeman		TO	0.0		0.0	0.0	0.0	0.0	0.0	0.0	00.00	00.00	00.00	1,888.00	229.31	117.06	33.11		44.37 1,336.52
					Job.	Job Totals:				32.0			1,510.40						
										0.0			0.00						

Singleton Electric Company, Inc. Statement of Compliance Wage and Hours Report

CP# 64

Week Ending: 1/10/2016

Contract# **GS-11P-14-MKC-0010** To: Grunley Construction Co. 15020 Shady Grove Rd #500 Rockville, MD 20850 Switzer HHS Consolidation Washington, DC 20230 330 C St SW Job# 1419 Project: Singleton Electric Company, Inc. Gaithersburg, MD 20879 7860 Cessna Ave. Employer:

AND ENDING 1/10/2016 I, Erin Weidemann, Assistant Controller do hereby state: FOR THE PAY PERIOD BEGINNIN1/4/2016

- above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by Electric Co., Inc. on the above referenced project, during the time period shown from the full wages earned by any person, other than permissible deductions as any person, and that no deductions have been made either directly or indirectly 1) That I pay or supervise the payment of persons employed by Singleton under the Copeland Act, and all subsequent amendments.
- 2) That any paryolls otherwise under this contract required to be submitted for mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications the above period are correct and complete; that the wage rates for laborers or set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency Department of Labor, or, if no such agency exists in a State, are registered with the Bueau of Apprenticeship and Training, United States Department of Labor. recognized by the Bureau of Apprenticeship and Training, United States
- FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:

Erin Weidemann, Assistant Controller

Singleton Electric Company, Inc. Wage and Hours Report Statement of Compliance

CP# **64**

Job# **1419**

Week Ending: 1/10/2016

	<u> </u>	Mon Tues We	Tues	Mon Tues Wed Thurs Fri	Thurs	Ë	Sat	Sun	Tot Hrs Wage Rate	Wage Rate	Fringe Rate (Job Gross Pay	Fringe Job Gross Pay FWH Rate Gross Pay	FWH	MED FICA	State WH Misc Net Pay Deducts	Misc Deducts	Net Pay
NEUB0 Neugebauer;Brian Paul	B	IBEW 26 JA-03.4	JA -(33.4														
	REG	0.0	8.0	8.0	8.0		0.0	0.0	29.5	47.20 1	6.03	1,392.40			27.38			
Elec Subforeman	TO	0.0	0.0	0.0 0.0 0.0 0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,888.00	229.31	117.06	133.11	46.44	1,334.35
				Job	Job Totals:				29.5			1,392.40						
									0.0			0.00						

Singleton Electric Company, Inc. Wage and Hours Report

Statement of Compliance

CP# 63

Week Ending: 1/3/2016

To: Grunley Construction Co. 15020 Shady Grove Rd #500 Switzer HHS Consolidation Washington, DC 20230 330 C St SW Singleton Electric Company, Inc. Gaithersburg, MD 20879 7860 Cessna Ave. Employer:

Job# 1419

Rockville, MD 20850

Contract# **GS-11P-14-MKC-0010**

AND ENDING 1/3/2016 I, Erin Weidemann, Assistant Controller do hereby state: FOR THE PAY PERIOD BEGINNIN12/28/2015

- above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by Electric Co., Inc. on the above referenced project, during the time period shown from the full wages earned by any person, other than permissible deductions as any person, and that no deductions have been made either directly or indirectly 1) That I pay or supervise the payment of persons employed by Singleton under the Copeland Act, and all subsequent amendments.
- 2) That any paryolls otherwise under this contract required to be submitted for mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications the above period are correct and complete; that the wage rates for laborers or set forth therein for each laborer or mechanic conform with the work he/she
- 3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency Department of Labor, or, if no such agency exists in a State, are registered with the Bueau of Apprenticeship and Training, United States Department of Labor. recognized by the Bureau of Apprenticeship and Training, United States
- FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe 4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:



Erin Weidemann, Assistant Controller

Week Ending: 1/3/2016 Job# **1419** Singleton Electric Company, Inc. Wage and Hours Report Statement of Compliance

Cb# **63**

	ŧ	Mon	Mon Tues	Wed Thurs		E	Sat	Sun	Tot Hrs	Fot Hrs Wage Rate	Fringe Rate	Sun Tot Hrs Wage Fringe Job Rate Rate Gross Pay	Fringe Job Gross Pay FWH MED State WH Misc Net Pay Rate Gross Pay	FWH	MED	State WH Misc Deducts	Misc Deducts	Net Pay
NEUB0 Neugebauer;Brian Paul	<u>B</u>	.W 26	IBEW 26 JA-03.4	EW 26 JA-03.4														
a	REG	8.0	8.0	8.0 8.0			0.0		32.0	47.20	16.03	0.0 32.0 47.20 16.03 1,510.40			21.90	C		
Elec Subforeman	TO	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.00	0.00	0.00		1,510.40 160.69		93.64 104.00		30.21 1,099.96
				Job	Job Totals:				32.0			1,510.40						
									0.0			0.00						

U.S. Department of Labor Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008 Expires: 01/31/2015 PROJECT OR CONTRACT NO. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. PROJECT AND LOCATION 2014147-Switzer Bldg - HHS ADDRESS 5113 Berwyn Road College Park, MD 20740 01/02/2016 FOR WEEK ENDING OR SUBCONTRACTOR X Strickland Fire Protection Inc NAME OF CONTRACTOR 51 PAYROLL NO.

(6) Net	Wages Paid For Week	95 941.59				
	Total Deductions	653.95				
	Other	382.36	Amt.	95.73	200.07	86.56
(8) DEDUCTIONS	Union Deduc- tions		Ded.	401K	401LN	HLTH
DEDU	State & Local W/H Tax	68.44	Other Detail: Ded.			
	Fed W//H Tax	87.71	Ö			
	FICA	115.44				
(£)	Gross Amount Earned	1,035.54	1,595.54			
(6) Rate	of Pay Total Hours Non-Hourly*	22.00 35.00/12.07 1,035.54				
(2)		22.00				
(4) DAY AND DATE	SUN MON 10E WED 1HU FRI SAT Code HOURS WORKED EACH DAY	ا 8.00 8.00 8.00 8				
	Cod	FSR				
(3)	# or Work Earn Exmp Classification Code	M7 Sprinkler Fitter				
(2)	# of W/H Exmp	M7				
(1) Name and Individual	dentifying number (e.g. last # of four digits of Social Security W/H number) of worker	Rocko, Edward J			(0)	

Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulation project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and regulation project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that a companied by a signed "Statement of Compliance" indicating that the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and finge benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, R. A. Bogley IV Accounting Manager	
(Name of signatory party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable.
do hereby state:	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.
(1) That I pay or supervise payment of the persons employed by	(c) EXCEPTIONS
Strickland Fire Protection Inc	
(Contractor or Subcontractor) Switzer Bldg - HHS; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION
(Building or Work) 27th day of December, 2015, and ending the 2nd day of January 2016,	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	
Strickland Fire Protection Inc from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 Ú.S.C. 3145), and described below:	
FICA, Medicare, Federal/State/Local Withholding Taxes, 401k Loan Repayment	
401k Pre-tax Contributions, Health Insurance	

than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less

REMARKS:

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (3) That any apprentices employed in the above period are duly registered in a bona fide appren-

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (4) That:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

TRACTOR OR AND SECTION 231 OF THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THECOS SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TITLE 18 TITLE 31 OF THE UNITED STATES CODE. SIGNATURE Accounting Manager NAME AND TITLE R. A. Bogley IV

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Employee ROC15 - Rocko, Edward J

Strickland Fire Protection Inc Payroll Certification Report 2014147-Switzer Bldg - HHS 12/27/15 To 01/02/16

Page 1 of 1

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

For Week (9) Net Wages Paid Expires: 01/31/2015 OMB No.: 1235-0008 Deductions Total PROJECT OR CONTRACT NO. Other Deduc-DEDUCTIONS Union tions 8 W/H Tax State & Local Fed Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Gross Amount Earned 6 College Park, MD 20740 Hours Non-Hourly* ADDRESS 5113 Berwyn Road No Work This Period Total (2)Ear 12/20 12/21 12/22 12/23 12/24 12/25 12/26 SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 12/26/2015 FOR WEEK ENDING Code Classification \times OR SUBCONTRACTOR Work 3 Exmp Identifying number (e.g. last # of four digits of Social Security W/H (5)Strickland Fire Protection Inc Name and Individual NAME OF CONTRACTOR number) of worker 50 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts for respond to the information contrained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S. §§ 34.5) contracts not redeated in a read of the wages paid each employee during the preceding week. "U.S. Department of Labor (100L) and the part of the wages paid each employee and incidentify and employees the payoral sare correct and requires companied by a copy of all payoral is a recorrect and for infancing the redeated species contraction project, accompanied by a signed "Statement of Compliance" incidentify the payoral sare correct and complete and that each laborars to submit weekly a copy of all payoral wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received complete and that each laborar or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received Public Burden Statement legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH V Accounting Manager	(Title)	In the contract, except as noted in Section 4 (c) below. (c) EXCEPTIONS Strickland Fire Protection Inc	tractor or Subcontractor); that during the payroll period commencing	(Building or Work) 20th day of December, 2015, and ending the 26th day of December 2015,	all persons employed on said project have been paid the full said to rectify or indirectly to or on behalf of said Strickland Fire Protection Inc	(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations,	Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:	
-	(Name of signatory parry) do hereby state:	(1) That I pay or supervise payment of Strick	(Contrae Switzer Bldg - HHS	(Building or Work) Oth day of December , 2015, and en	in persons employed on said project have een or will be made either directly or ind Stricklan	(Contract leekly wages earned by any person and on the full wages earned by any person on the full wages earned by any person on the full wages that the full wages the full wages that the full wages the full wages that the ful	rart 3 (29 CFK Subtitle A), issued by the itat. 948, 63 Stat. 108, 72 Stat. 967; 76	

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE R. A. Bogley IV Accounting Manager THE WILLEUL FALSIFICATION OF ANY OF THE ABOVE STATEMBYTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 100/ OPTITLE 19 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

For Week (9) Net Wages Paid OMB No.: 1235-0008 Expires: 01/31/2015 Deductions Total PROJECT OR CONTRACT NO. Other Deduc-DEDUCTIONS State & Union tions 8 W/H Tax Local Fed W/H Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Amount Earned Gross 6 College Park, MD 20740 Non-Hourly* (6) Rate ADDRESS 5113 Berwyn Road No Work This Period Hours Total (2) Earn 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Code SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 12/19/2015 FOR WEEK ENDING OR SUBCONTRACTOR X Classification Work 3 Exmp # of W/H \overline{S} Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual number) of worker NAME OF CONTRACTOR 49 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3. 5.5(a). The Copeland Act (40 U.S.C. § 34.45) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and the act and received agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.

Date 01/08/16	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
I, R. A. Bogley IV Accounting Manager		
(Name of signatory party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the amount of less than the amount of less than the sum of the amount of less than the amount	has been paid
do hereby state:	basic hoursy wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in Section 4 (c) below	nefits as listed
(1) That I pay or supervise payment of the persons employed by		
	(c) EXCEPTIONS	
Strickland Fire Protection Inc		
(Contractor or Subcontractor) Switzer Bldg - HHS; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION	z
(Building or Work)		
13th day of December, 2015, and ending the 19th day of December 2015,		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Strickland Fire Protection Inc from the full		
(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations,		
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

REMARKS:

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR TO CIVIL OF CRIMINAL PROSECUTION. SEE SECTION 1009 OF TITLE 19 AND SECTION 231 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

For Week (9) Net Wages Paid 01/31/2015 OMB No.: 1235-0008 Expires: 01/31/2015 Rev. Dec. 2008 Deductions Total PROJECT OR CONTRACT NO. Other Deduc-DEDUCTIONS Union tions 8 State & W/H Tax Local Fed W/H Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Amount Gross Earned 0 College Park, MD 20740 Non-Hourly* (6) Rate ADDRESS 5113 Berwyn Road No Work This Period Hours Total (2)Earn 12/06 12/07 12/08 12/09 12/10 12/11 12/12 Code SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 12/12/2015 FOR WEEK ENDING OR SUBCONTRACTOR X Classification Work 3 Exmp # of W/H (7) Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual number) of worker NAME OF CONTRACTOR PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S. § 34.5R.) contractors and subcontractors performing work on Federally financed or assisted construction contracts to five mages paid each employee during the preceding week," U.S. Department of Labor (100L) regulation st.C. § 34.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and the act and the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
I, R. A. Bogley IV	Accounting Manager		
(Name of signatory party)	(Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll. an amount not less than the sum of the applicable	has been paid, he applicable
do hereby state:		basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in Section 4 (a) below	nefits as listed
(1) That I pay or supervise payment of the persons employed by	ent of the persons employed by		
		(c) EXCEPTIONS	
	Strickland Fire Protection Inc		
(Cont Switzer Blda - HHS	(Contractor or Subcontractor) HHS : that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION	N
(Building or Work)			
6th day of December, 2015, a	6th day of December, 2015, and ending the 12th day of December 2015,		
all persons employed on said proje been or will be made either directly	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
S	Strickland Fire Protection Inc		
20)	(Contractor or Subcontractor)		
weekly wages earned by any pers from the full wages earned by any Part 3 (29 CFR Subtitle A), issued Stat. 948, 63 Stat. 108, 72 Stat. 96	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. 3145), and described below:		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of finige benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE R. A. Bogley IV Accounting Manager THE WILLFUL FALSTRICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF THE 19 AND SECTION 231 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

(9) Net Wages Paid For Week OMB No.: 1235-0008 Expires: 01/31/2015 Rev. Dec. 2008 Deductions Total PROJECT OR CONTRACT NO. Other Deduc-(8) DEDUCTIONS Union tions W/H Tax State & Local Fed W/H Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Amount Earned Gross 0 College Park, MD 20740 Non-Hourly* of Pay (6) Rate ADDRESS 5113 Berwyn Road No Work This Period Hours Total (2) 11/29 11/30 12/01 12/02 12/03 12/04 12/05 SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 12/05/2015 FOR WEEK ENDING Earn Classification OR SUBCONTRACTOR X Work 3 Exmp M/H # of (2) Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual NAME OF CONTRACTOR number) of worker 47 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulated construction project, accompanied by a signed schematic and subcontractors be submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and companied and agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

employees, except as noted in Section 4(c) below.	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the henefit of such 	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 3145), and described below:	Strickland Fire Protection Inc (Contractor or Subcontractor) from the full	29th day of November , 2015, and ending the 5th day of December 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	(Building or Work)	tractor or Subcontr	Strickland Fire Protection Inc on the	(1) That I pay or supervise payment of the persons employed by	do hereby state:	tory party) (Date 01/08/16 I. R. A. Bogley IV Accounting Manager
SUBCONTRACTOR TO CIVIL OR CRIMINAL P	NAME AND TITLE R. A. Bogley IV Accounting Manager		REMARKS:						EXCEPTION (CRAFT)	(c) EXCEPTIONS	1	as indicated on the payroli, an amount not less than the basic hourly wage rate plus the amount of the required in the contract, except as noted in Section 4 (c) below.	Each laborer or mechanic l	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001OF TITLE 18 AND SECTION 231 OF	E AROVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR								EXPLANATION			as indicated on the payroli, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.	laborer or mechanic listed in the above referenced payroll has been paid,	ARE PAID IN CASH

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

OMB No.: 1235-0008 Expires: 01/31/2015 PROJECT OR CONTRACT NO. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. PROJECT AND LOCATION 2014147-Switzer Bldg - HHS ADDRESS 5113 Berwyn Road College Park, MD 20740 11/28/2015 FOR WEEK ENDING OR SUBCONTRACTOR X Strickland Fire Protection Inc NAME OF CONTRACTOR 46 PAYROLL NO.

(1) Name and Individual	(2)	(3)		(4) DAY AND DATE	Ш	(2)	(6) Rate	(2)			DEDUC	(8) DEDUCTIONS			(9) Net
. last surity	# ot W/H		Earn	SUN MON TUE WED THU FRI SAT 11/22 11/23 11/24 11/25 11/26 11/27 11/28	J FRI SAT 6 11/27 11/28	Total	of Pay	Gross Amount		Fed W/H	State & Local	Union Deduc-		Total	Wages
number) of worker	Exmp	Classification	Code		CH DAY	Hours	Hours Non-Hourly	Earned	FICA	Тах	W/H Tax	tions	Other	Deductions	For Week
Rocko Sr., Jeffrey M	M4	M4 Sprinkler Fitter	FSR	1.00 3.00		4.00	4.00 35.00/12.06	188.24	80.58	51.77	49.21		340.88	522.44	645.80
5						-		1,168.24		ō	Other Detail: Ded.	Ded.	Amt.		
												401K	116.82		
(o) (a)												401LN	109.12		
												AFLAC	33.39		
												HLTH	81.55		
Rocko, Edward J	M7	Sprinkler Fitter	FSR	1.00 3.00		4.00	4.00 35.00/12.07	188.28	153.02	157.98	102.79		407.31	821.10	1,261.43
								2,082.53		Ö	Other Detail:	Ded.	Amt.		
												401K	124.95		
(0)(0)												401LN	200.07		
											-	HETH	82.29		
While completion of Form WH-347 is option Act (40 U.S.C. § 3145) contractors and subregulations at 92 O.F.R. § 5.5(a)(3)(ii) required and that each laborer or mechanilegally required wages and fringe benefits.	optional, d subcor require shanic hi	it is mandatory for contractors performing w contractors to submitings been paid not less	overed co vork on Fi weekly a than the	While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) software and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee and submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and rederal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.	work on Federally fincontracts to "furnis y contracting for or fine for the work perfort	inanced or sh weekly financing t med. DOL	r assisted construct a statement with re- the construction pro- and federal contract	ion contracts to spect to the wa ject, accompan cting agencies i	respond to t ges paid eacl ied by a sign receiving this	he information n employee d ed "Statemen information r	n collection cor luring the prece it of Complianc eview the infor	ntained in 29 (eding week." L e" indicating tl mation to dete	C.F.R. §§ 3.3, J.S. Departme hat the payrol stmine that en	5.5(a). The Copent of Labor (DO IIs are correct an uployees have re	eland -) d sceived

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 202.10.

	(b) WHERE FRINGE BENEFITS ARF PAID IN CASH	
I, R. A. Bogley IV Accounting Manager		
(Name of signatory party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid,	en paid,
do hereby state;	as increased on the paylon, an amount of the required fringe benefits as listed	olicable as listed
(1) That I pay or supervise payment of the persons employed by	In the contract, except as noted in Section 4 (c) below.	
	(c) EXCEPTIONS	
Strickland Fire Protection Inc		
(Contractor or Subcontractor)		
Switzer Bldg - HHS ; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION	
(Building or Work)		
22nd day of November, 2015, and ending the 28th day of November 2015,		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Strickland Fire Protection Inc		
(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions as defined in Regulations.		
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48		
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		
FICA, Medicare, Federal/State/Local Withholding Taxes, 401k Loan Repayment		
401k Pre-tax Contributions, AFLAC, Health Insurance		

ONTRACTOR OR 8 AND SECTION 231 OF THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECTION. SEE SECTION 101 TITLE 31 OF THE UNITED STATES CODE. Accounting Manager NAME AND TITLE R. A. Bogley IV

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

(4) That:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

than the applicable wage rates contained in any wage determination incorporated into the contract; that are correct and complete; that the wage rates for laborers or mechanics contained therein are not less the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide appren-

(2) That any payrolls otherwise under this contract required to be submitted for the above period

REMARKS:

Strickland Fire Protection Inc Payroll Certification Report 2014147-Switzer Bldg - HHS 11/22/15 To 11/28/15

01/08/2016 10:03:38 AM

mployee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
OC30 - Rocko Sr., Jeffrey M	Sprinkler Fitter		3.380	0.890	0.020	1.270	5.560
ROC15 - Rocko, Edward J	Sprinkler Fitter		3.380	0.890	0.020	1.260	5.550

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

For Week (9) Net Wages Paid OMB No.: 1235-0008 Expires: 01/31/2015 Deductions Total PROJECT OR CONTRACT NO Other Deduc-(8) DEDUCTIONS tions Union State & W/H Tax Local Fed W/H Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Amount Gross Earned (College Park, MD 20740 Non-Hourly* (6) Rate of Pay ADDRESS 5113 Berwyn Road No Work This Period Hours Total (2) Earn 11/15 11/16 11/17 11/18 11/19 11/20 11/21 SAT SUN MON TUE WED THU FRI HOURS WORKED EACH DAY (4) DAY AND DATE 11/21/2015 FOR WEEK ENDING Code Classification OR SUBCONTRACTOR X Work 3 Exmp # of W/H (7) Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual NAME OF CONTRACTOR number) of worker 45 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations and subcontractors to submit weekly a copy of all payrolls to the Federal agency contraction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

EXCEPTION (() EXCEPTION () EXCEPTION () EXCEPTION () EXCEPTION () EXCEPTION () EXCEPTION ()	on the	
EXCEPTION (CRAFT) EXPLANATION EXCEPTION (CRAFT) EXPLANATION EXPLANATION EXPLANATION SUBJECT THE ONLY OF THE ABOVE STAFFMENT S. MAY SUBJECT THE ONLY OF THE ABOVE STAFFMENT S. THE ABOV	Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below. (c) EXCEPTIONS	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

U.S. Department of Labor Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

OMB No.: 1235-0008 Expires: 01/31/2015 Rev. Dec. 2008 PROJECT OR CONTRACT NO. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. PROJECT AND LOCATION 2014147-Switzer Bldg - HHS College Park, MD 20740 ADDRESS 5113 Berwyn Road FOR WEEK ENDING OR SUBCONTRACTOR X Strickland Fire Protection Inc NAME OF CONTRACTOR PAYROLL NO.

44				11/14/2015	115							-				
(1) Name and Individual	(2)	(3)		(4) DAY AND DATE	AND DAT	W	(2)	(6) Rate	(7)) DEDUC	(8) DEDUCTIONS			(6) Net
Identifying number (e.g. last # of four digits of Social Security W/H number) of worker	# of W/H Exmp	Work Earn Classification Code	Earn	SUN MON TUE WED THU FRI SAT Code H008 11/09 11/10 11/11 11/12 11/13 11/14 HOURS WORKED EACH DAY	/ED THU //11 11/12 <ed eac<="" td=""><td>THU FRI SAT 11/12 11/13 11/14 EACH DAY</td><td>858</td><td>of Pay Total Hours Non-Hourly*</td><td>Gross Amount Earned</td><td>FICA</td><td>Fed W/H Tax</td><td>State & Local W/H Tax</td><td>Union Deduc- tions</td><td>Other</td><td>Total</td><td>Wages Paid For Week</td></ed>	THU FRI SAT 11/12 11/13 11/14 EACH DAY	858	of Pay Total Hours Non-Hourly*	Gross Amount Earned	FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total	Wages Paid For Week
Rocko, Edward J	M7	M7 Sprinkler Fitter	FSO	1.00			1.00	1.00 35.00/12.07	64.57	137.83	129.98	89.14		395.40	752.35	1,131.63
									1,883.98		8	Other Detail:	Ded.	Amt.		
												4	401K	113.04		
(0)												4	401LN	200.07		
												-	FLT	82.29		
While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Application on the contractors performing work on Federal statement for or financial for or financial and manufactured and another contractors to enhant weekly a contractors performing work on Federal statement for or financial and assisted construction project accounts to the information contractors performing work on Federal statement for or financial and assisted construction project accounts to the information contractors performing work on Federally financial contractors performed to the information contractors performing work on Federally financial contractors performed to the information contractors performing work on Federally financial contractors performed to the information contractors performed to the information contractors performed to the information contractors and in account of the information contractors are contractors and in account of the information contractors and in account of the information contractors are contractors are contractors and in account of the information contractors are contractors and in account of the information contractors are contractors are contractors and in account of the information contractors are contractors and in account of the information contractors are contractors and in account of the information contractors are contractors and in account of the information contractors are contractors and in account of the information contractors are contractors and in account of the information contract	s optional	I, it is mandatory for contractors performing v	work on Fe	intractors and subcontractors aderally financed or assisted control of all payrolls to the Earl	performing v	work on Federally contracts to "fun	y financed c nish weekly	or assisted construction as statement with re	stion contracts to sepect to the wa	respond to tages paid each	ne information remployee du Statement	collection cor ring the prece	ntained in 29 and a seling week." L	C.F.R. §§ 3.3, J.S. Departme	5.5(a). The Copy ant of Labor (DOI.	eland L)

regulations at 2 O. F.R. § 5.5(a)(3)(iii) require contractors to submit weekly a copy of all payrolls are correct and gency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16			
I, R.A. Bogley IV	Accounting Manager	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
(Name of signatory party)	(Title)	Each laborer or mechanic listed in the above referenced payroll has been pair	avroll has been naid
do hereby state:		as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wade rate plus the amount of the required frame basic	am of the applicable
(1) That I pay or supervise payment of the persons employed by	nt of the persons employed by	in the contract, except as noted in Section 4 (c) below.	ige benefits as listed
		(c) EXCEPTIONS	
	Strickland Fire Protection Inc		
0)	tractor or Subcontra		
Switzer Bldg - HHS	; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLAN	EXPLANATION
(Building or Work)			
stn day or November, 2015, ar	8th day of November, 2015, and ending the 14th day of November 2015,		
all persons employed on said project have been paid the full weekly w been or will be made either directly or indirectly to or on behalf of said	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Stri	Strickland Fire Protection Inc		
(Cor	(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been from the full wages earned by any person, other than permissible deduced by any person, other than permissible deduced by any person, other than permissible deduced by any person.	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations,		
Part 3 (29 CFR Subtitle A), Issued t. Stat. 948, 63 Stat. 108, 72 Stat. 967	Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		
FICA, Medicare, Federal/State/Loca	FICA, Medicare, Federal/State/Local Withholding Taxes, 401k I nan Benavment		
401k Pre-tax Contributions Health Insurance	nairance -		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

REMARKS

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUP ECT PHE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 100 OFF THE 18 AND SECTION 231 OF THE UNITED STATES CODE.

Strickland Fire Protection Inc Payroll Certification Report

n Keport	dg - HHS	14/15
Payroll Certification Report	2014147-Switzer Bldg - HHS	11/08/15 To 11/14/15

Total	5.550
VAC	1.260
LIFE INS	0.020
HOL	0.890
HEALTH INS	3.380
401K	

Trade Sprinkler Fitter

Employee ROC15 - Rocko, Edward J

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

X	nois
	r Divi 2008
	ge and Hour Divi Rev. Dec. 2008
	U.S. V

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

1235-0008 01/31/2015		(6) Net	Wages Paid For Week	
OMB No.: 1235-0008 Expires: 01/31/2015	ON.		Total Deductions	
	CONTRACT		Other	
	PROJECT OR CONTRACT NO.	(8) DEDUCTIONS	Union Deduc- tions	
	<u>a</u>	DEDUC	State & Local W/H Tax	
			Fed W/H Tax	
	SH		FICA	
	tzer Bldg -	E (Gross Amount Earned	
5113 Berwyn Road College Park, MD 20740	2014147-Swi	(6) Rate	of Pay Total Hours Non-Hourly*	
3 Berwyn ege Park	OCATION	(5)	Total Hours	eriod
ADDRESS 5113 Berwyn Road College Park, MD 2	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS	DATE	THU FRI SAT 11/05 11/06 11/07 EACH DAY	ork This Period
	FOR WEEK ENDING 11/07/2015		SUN MON TUE WED TH Earn 11/01 11/02 11/03 11/04 11/ Code HOURS WORKED EA	No Wor
OR SUBCONTRACTOR X		(3)	# of Work Exmp Classification (
OR SUBC		(2)	# of W/H Exmp	
NAME OF CONTRACTOR OR SI Strickland Fire Protection Inc	PAYROLL NO. 43	(1) Name and Individual	Identifying number (e.g. last # of four digits of Social Security W/H number) of worker Exmp	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 34.5(a)) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (10CL) regulations at 29 C.F.R.§ 5.5(a)(3)(ii) requires contractors to submit weekly a copy of all payrolls to the Federal agency contracting the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in middly as that the payrolls are correct and legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room \$3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 01/08/16		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	HSK
I, R. A. Bogley IV	Accounting Manager		
(Name of signatory party)	(Tritle)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll an amount not less than the sum of the applicable	he referenced payroll has been paid, less than the sum of the applicable
do hereby state:		basic hourly wage rate plus, the amount of the required fringe benefits as listed in the contract and the state of the sta	the required fringe benefits as listed
(1) That I pay or supervise payment of the persons employed by	nt of the persons employed by	in the contract, except as noted in Section 4 (c) below.	4 (C) Delow.
		(c) EXCEPTIONS	
	Strickland Fire Protection Inc		
(Cont Switzer Bldg - HHS	(Contractor or Subcontractor) HHS ; that during the payroll period commencing on the	EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)			
1st day of November, 2015, au	1st day of November, 2015, and ending the 7th day of November 2015,		
all persons employed on said project have been paid the full weekly w been or will be made either directly or indirectly to or on behalf of said	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Str	Strickland Fire Protection Inc from the full		
ōO)	(Contractor or Subcontractor)		
weekly wages earned by any perso from the full wages earned by any I Part 3 (29 CFR Subtitle A), issued I Stat. 948, 63 Stat. 108, 72 Stat. 96.	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

REMARKS

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

THE WILLFUL FALSHICATION OF ANY OF THE ABOVE STATEMEN'TS MAY SUBJEST FIFE CONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001/0F TITLE 18 MD SECTION 231 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

For Week (9) Net Wages Paid OMB No.: 1235-0008 Expires: 01/31/2015 Deductions Total PROJECT OR CONTRACT NO. Other Deduc-(8) DEDUCTIONS Union tions W/H Tax State & Local Fed W/H Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Gross Amount Earned 0 College Park, MD 20740 Non-Hourly* of Pay (6) Rate ADDRESS 5113 Berwyn Road No Work This Period Hours Total (2) 10/25 10/26 10/27 10/28 10/29 10/30 10/31 SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 10/31/2015 FOR WEEK ENDING Earn Code Classification OR SUBCONTRACTOR X Work (3) Exmp # of W/H (2) Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual NAME OF CONTRACTOR number) of worker 42 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3. 5.f.a). The Copland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulation project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each labore or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room \$3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.

Date 01/08/16		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
R. A. Bogley IV	Accounting Manager		
(Name of signatory party)	(Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable	yroll has been paid, n of the applicable
do hereby state:		basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in Section 4 (c) below	e benefits as listed
That I pay or supervise payn	(1) That I pay or supervise payment of the persons employed by		
		(c) EXCEPTIONS	
	Strickland Fire Protection Inc		
(Con Switzer Bldg - HHS	(Contractor or Subcontractor) HHS; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION	ATION
(Building or Work) day of October , 2015, and	(Building or Work) 25th day of October , 2015, and ending the 31st day of October 2015,		
ersons employed on said projor will be made either directl	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
S	Strickland Fire Protection Inc from the full		
Ó	(Contractor or Subcontractor)		
ly wages earned by any pers the full wages earned by any 3 (29 CFR Subtitle A), issuec 948, 63 Stat. 108, 72 Stat. 9	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		
	1		

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF THE 18 AND SECTION 231 OF THE UNITED STATES CODE. Accounting Manager NAME AND TITLE R. A. Bogley IV (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. are correct and complete; that the wage rates for laborers or mechanics contained therein are not less (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a (2) That any payrolls otherwise under this contract required to be submitted for the above period X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract

have been or will be made to appropriate programs for the benefit of such

(4) That:

employees, except as noted in Section 4(c) below.

REMARKS

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Deductions For Week (9) Net Wages Paid 01/31/2015 OMB No.: 1235-0008 Rev. Dec. 2008 Expires: Total PROJECT OR CONTRACT NO. Other Deduc-(8) DEDUCTIONS Union tions W/H Tax State & Local Fed VAH Tax FICA PROJECT AND LOCATION 2014147-Switzer Bldg - HHS Amount Earned Gross 6 College Park, MD 20740 Non-Hourly* of Pay (6) Rate ADDRESS 5113 Berwyn Road No Work This Period Hours Tota (2)10/18 10/19 10/20 10/21 10/22 10/23 10/24 SUN MON TUE WED THU FRI SAT HOURS WORKED EACH DAY (4) DAY AND DATE 10/24/2015 FOR WEEK ENDING Earn Classification OR SUBCONTRACTOR X Work 3 Exmp # of W/H 5 Strickland Fire Protection Inc Identifying number (e.g. last four digits of Social Security Name and Individual NAME OF CONTRACTOR number) of worker 4 PAYROLL NO.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contractor or and subcontractors and subcontractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each amployee during the preceding week." U.S. Department of Labor (DOL) regulations at 22 C.F.R. § 5.63(3)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fininge benefits. Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Weshington, D. C. 20210.

Date 01/08/16		
I & A Booley IV	(b) WHERE FRINGE BENETILS ARE PAID IN CASH	
forv party)	Each laborer or mechanic listed in the above referenced payroll has been paid.	en paid.
	as indicated on the payroll, an amount not less than the sum of the applicable	olicable
do hereby state:	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in Section 4 (c) below	as listed
(1) That I pay or supervise payment of the persons employed by		
	(c) EXCEPTIONS	
Strickland Fire Protection Inc		
(Contractor or Subcontractor) Switzer Bldg - HHS; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION	
(Building or Work)		
18th day of October , 2015, and ending the 24th day of October 2015,		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Strickland Fire Protection Inc		
(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48		
Stat. 340, 03 Stat. 100, 72 Stat. 307, 70 Stat. 337, 40 C.S.C. 3143), and described below.		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-

REMARKS

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That:

I nat: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of finige benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

R. A. Bogley IV

Accounting Manager

THE WILLFUL FALSHICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBGONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TIFLE 19 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

		i ciscus are not required to respond to the collection of information unless it displays a currently valid OMB control number:	rie collection of information unless	it displays a currenti	v valid OMB oc	ntrol number	2.5		Rev	Rev Dec 2008
NAME OF CONTRACTOR OR SI Strickland Fire Protection Inc	OR SUBCONTRACTOR X		ADDRESS 5113 Berwyn Road College Park, MD 20740	20740					OMB	OMB No.: 1235-0008
))						Expire	Expires: 01/31/2015
PAYROLL NO.		FOR WEEK ENDING 10/17/2015	PROJECT AND LOCATION 2014147-SWITZER BIGG - HHS	47-Switzer Bldg -	HHS			PROJECT OR CONTRACT NO.	RACT NO.	
(4)	(6)	140 014 200 17								
Name and Individual	(c)	(4) DAT AND DATE	E (5) (6)	(7)			(8)	ONOL		(6)
Identifying number (e.g. last # of	# of	TAN MON THE CHAIL FEEL SAT		_		The state of the s	DEDOC	CNO		Net
four digits of Social Security W/H number) of worker	W/H Work Earn Code			Amount		Fed S W/H	State & Union Local Deduc-	Union Deduc-	Total	Wages
		HOURS WORKED EACH DAY		nouis Non-houriy Earned	FICA				Other Deductions	ons For Week
		No Work	No Work This Period							
While completion of Form W/U 247 is a selection of	of the same of the same of the same									

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors and subcontractors and subcontractors and subcontractors performing work on Federally financed or assisted construction contracts to "Lumish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 28 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH		Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable	basic hourly wage rate plus the amount of the required fringe benefits as listed in Section 4 (c) below.	(c) EXCEPTIONS	on the	ommencing on the EXCEPTION (CRAFT) EXPLANATION		io rebates have	from the full		either directly or indirectly as defined in Regulations, and Act, as amended (48		
Taxana.	Accounting Manager	(Title)		(1) That I pay or supervise payment of the persons employed by	Strickland Fire Protection Inc	(Contractor or Subcontractor) HHS; that during the payroll period commencing on the	(Building or Work) 11th day of October , 2015, and ending the 17th day of October 2015,	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	Strickland Fire Protection Inc	(Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		
Date 01/08/16	I, R. A. Bogley IV	(Name of signatory party)	do hereby state:	(1) That I pay or supervise paym		(Con Switzer Bldg - HHS	(Building or Work) (11th day of October , 2015, and	all persons employed on said proje been or will be made either directly	St	3)	weekly wages earned by any persi from the full wages earned by any Part 3 (29 CFR Subtitle A), issued Stat. 948, 63 Stat. 108, 72 Stat. 96		

are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (2) That any payrolls otherwise under this contract required to be submitted for the above period

ticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (3) That any apprentices employed in the above period are duly registered in a bona fide appren-

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

REMARKS:

NAME AND TITLE R. A. Bogley IV

HE CONTRACTOR OR TLE 18 AND SECTION 231 OF THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 31 OF THE UNITED STATES CODE. Accounting Manager

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division.

Rev. Dec. 2008 ON ON Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. ADDRESS 1975 Alderman Drive OR SUBCONTRACTOR NAME OF CONTRACTOR

]	The Ci	The Circle Group		!	1275 Aldermar Alpharetta Ga	1275 Alderman Drive Alpharetta, Ga					OMB No.	OMB No.: 1235-0008 Expires: 04/34/2015
PAYROLL NO.		FOR WEEK FNDING	c.	TOBI OBO	OIT OO I OIN				000	1	Lybin Co.	0102112110
53			12/20/2015	Mary Sw	Mary Switzer HHSC	Ζ()			GS1	GS11P14MKC0010 & G14.312	ST NO. 0 & G14.312	
(1)	(2)	(3)	(4) DAY AND DATE	(5)	(9)	(2)						(6)
	IONS PLDING		M T W TH S S	1,0					(8) DEDUCTIONS	10		Ē
NAME AND INDIVIDUAL IDEN IFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHO EXEMPT	WORK CLASSIFICATION	14 15 16 17 18 19 20	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING	STATE	G G	WAGES TOTAL PAID	WAGES PAID
Cristian L Pizarro		CARP0132-008 Carpenter	0			\$1,280.00		_				TON WEEN
		(Superintendant)	8 8.00 8.00 8.00 8.00	40.00	32.00	\$1,280.00	\$97.92	\$59.02	\$62.25		\$219.19	\$1,060.81
Alexis F Giron		PAIN0051-015 Drywall Finisher	0		\$37.34	\$995.60	-					
			S 8.00 8.00 8.00 8.00	40.00	24.89	\$995.60	\$76.17	\$139.40 \$	\$71.20	\$53.78	\$340.55	\$655.05
Santos Melendez		CARP0132-008 Carpenter	0		\$40.22	-	-					
			S 8.100 8.00 8.00 8.00	40.00	26.81	\$1 072 40	\$82.04	\$139.61	\$62.60	\$65.62	\$349.87	\$722.53
Miquel E Dolmuz Martinez		SUDC2009-003 Laborer	0									
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data reviewing the collection of information. If you have any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

בוא כאטה	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.			EXPLANATION													THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
(5) THE FAID IN CASE	Each laborer or mechan as indicated on the payr	basic hourly wage rate p in the contract, except a	SNOILL STORES		EXCEPTION (CRAFT)								REMARKS:			NAME AND TITLE	Mike Dominici Vice President	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 23 31 OF THE UNITED STATES CODE.
Vice President	(Title)		amployed by	on the	during the payroll period commencing	20th day of Dec , 2015.	veekly wages earned, that no rebates have f of said	1. 1. 2. 0. d. 4. cm. o. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		nave been made either directly or indirectly ble deductions as defined in Regulations, Part er the Copeland Act, as amended (48 S.lat. 948.	nd described below:			ed to be submitted for the above period are narics contained therein are not less than the orporated into the contract; that the classifications work he performed.	eduly registered in a bona fide apprenticeship zed by the Bureau of Apprenticeship and ganized agency exists in a State, are registered Department of Labor.	ROVED PLANS, FUNDS, OR PROGRAMS	es paid to each laborer or mechanic listed in	
Mike Dominici	(Name of Signatory Party)	do nereby state:	(1) That I pay of supervise the payment of the persons employed by	Ine Circle Group	ontractor or Subcontr HSC	14th day of Dec 2015, and ending the	all persons employed on said project have been paid the full weekly wages earned, that been or will be made either directly or indirectly to or on behalf of said	The Circle Group	(Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.)	63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), ar			(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	in addition to the basic hourly wage rates paid to each laborer or	the above referenced payroll, payments have been or will be made to appropriate except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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(b) WHERE FRINGE	Each labor as indicate basic hour	SNOTE STATE OF THE	EXCEPTION (C					
ı	ACCOUNTANT (Title)	the persons employed by:	during the pavroll period commenci	() 2016 , and ending the 10 day of JANUARY , 2016 ,	ages earned, that no rebates	FRS from the full boontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:	
DATE13-Jan-16	I. MELISSA GEORGE (Name of Signatory Party)	do nereby state: (1) That I pay or supervise the payment of the persons employed by: W.F. ROWFRS	(Contractor or Subcontractor) SWITZER HHS	(Building or Work) 4 day of JANUARY , 2016 , and	all persons employed on said project have been paid the full weekly w been or will be made either directly or indirectly to or on behalf of said	W.E. BOWERS (Contractor or Subcontractor)	weekly wages earned by any person and tha indirectly from the full wages earned by any p in Regulations, Part 3 (29 CFR Subtitle A), issu as amended (48 Stat. 948, 63 Stat. 108, 72 Stabelow:	

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in (3) That any apprentices employed in the above period are duly registered in a bona fide a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

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in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

BENEFITS ARE PAID IN CASH



ed on the payroll, an amount not less than the sum of the applicable rly wage rate plus the amount of the required fringe benefits as listed er or mechanic listed in the above referenced payroll has been paid, ract, except as noted in Section 4(c) below.

EXCEPTION (CRAFT)
NO WORK PERFORMED

MELISSA GEORGE - ACCOUNTANT



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(b) WHERE FRII	Each as ind basic basic in the	(c) EXCEPTIONS	EXCEPTIO						
DATE 6-Jan-16	I, MELISSA GEORGE ACCOUNTANT (Name of Signatory Party) (Title) do hereby state:	(1) That I pay or supervise the payment of the persons employed by: W.E. BOWERS on the	(Contractor or Subcontractor) SWITZER HHS ; that during the payroll period commencing on the commencing of the commencing on the commenci	(Building or Work) 28 day of DECEMBER, 2015, and ending the 3 day of JANUARY, 2016,	s full weekly wages earned, that no rebate behalf of said	W.E. BOWERS from the full (Contractor or Subcontractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in (3) That any apprentices employed in the above period are duly registered in a bona fide a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

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in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

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icated on the payroll, an amount not less than the sum of the applicable hourly wage rate plus the amount of the required fringe benefits as listed laborer or mechanic listed in the above referenced payroll has been paid, contract, except as noted in Section 4(c) below.

EXPLANATION					ERFORMED
EXCEPTION (CRAFT)					NO WORK PERFORMED



MELISSA GEORGE - ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Each laborer or mechanic listed in the abow as indicated on the payroll, an amount not I basic hourly wage rate plus the amount of the	in the contract, except as noted in Section 4((c) EXCEPTIONS	EXCEPTION (CRAFT)						
ACCOUNTANT (Fide)	s arminant hy	ERS on the	contractor) ; that during the payroll period commencing on the	nding the 27 day of DECEMBER , 2015 .	the full weekly wages eamed, that no rebates have nn behalf of said	from the full intractor)	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Start 948, 63 Stat 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:		
I, MELISSA GEORGE (Name of Signatory Party)	do hereby state: (1) That I nav or supervise the navment of the necessus amobined by	W.E. BOWERS	(Contractor or Subcontractor); that	(Building or Work) 21 day of DECEMBER , 2015 , and ending the 27 day of DECEMBER	all persons employed on said project have been paid the full weekly wages eamed, that no rebates have been or will be made either directly or indirectly to or on behalf of said	W.E. BOWERS (Contractor or Subcontractor)	weekly wages earned by any person and that r indirectly from the full wages earned by any perr in Regulations, Part 3 (29 CFR Subtitle A), issued as amended (48 Stat. 948, 63 Stat. 108, 72 Stat.		

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each taborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (4) That

In addition to the basic hourly wage rates paid to each taborar or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. ×

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

31-Dec-15

DATE

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as indicated on the payroll, an amount not less than the sum of the applicable basic hourty wage rate plus the amount of the required fringe benefits as listed in the prontent country.	used, except as noted in Section 1(c) below.
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EXPLANATION

NO WORK PERFORMED	SIGNATURE (D) (6)
NO WORK F	MELISSA GEORGE - ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

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Wage and Hour Division

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O.S. Weige and Boar Devision

NET VARSES PNID FORWERS OMB No.: 1235-0008 Expires: 01/31/2016 Rev. Dec 2008 DEDUCTIONS GS11P14MKC0010/G 14312 MOJECT OR CONTRACT NO OTHER STATE With HOLDING 18) DEDUCTIONS CAME 11558 WINDSOR RD (JAMSVILLE MD 21754 Project molocomon Persons are not required to missized to the contestion of information unless it displays a currently valid DUB control number. | ACCRESS FICA MARY SWITZER HHSC BACTE OF PAY 2 ноия 0 33 18 IAI DAY AND DATE Ξ 00 00 22 52 L 五 16 HO 10 0 \$/2 0 ಭ Ö 40 0 U) 0 60 0 92 0 67 0 Willam Shumaker SUB TO MATERIAL DISTRIBUTORS, INC. December 30, 2015 CLASSIFICATION WINE. DOLLOS WITHTON WITHTON OR BUBCONTRACTOR NAME AND MEMBER, DENTRYNG NUMBER (19. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER; UF MORKER NO WORK PERFORMED NAME OF CONTRACTOR

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Public Burden Statement

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weekby weges earned by any person and that no deductions have been made either chacky or indirectly from the his wages earned by any person, other than permissible deductions as defined in Regularisons, Part 3 (29 CFR Subition A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 949, 83 Stat. 100, 72 Stat. 901, 76 Stat. 357, 40 U.S.C. 3145). and described below. (2) That any payrolls otherwise under this contract required to be automitted for the above period are correct and complete; that the wage related to the second and contained therein are not less than the applicable wage mass contained in any wage determination incorporated into the contract, that the cleantications set torch there is for each laborar or mechanic contorn with the work he performed.

(3) That arry apprentices employed in the above period are duly registered in a bone fide apprenticeable program registered with a State apprenticeable agency recognized by the Bureau of Apprenticeable and Trainfug, United States. Department of Labor, or if no auth recognized agency exists in a State, are registered with the Bureau of Apprenticeable and Trainfug, United States Department of Labor.

(4) That

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In addition to the basic hourly wage rether paid to each abover or mechanic flated in the above referenced payod, payments of fithigs benefits as listed in the contract have been or will be muche to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. 1 .

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborar or mechanic listed in the above referenced payrolt has been paid, as indicated on the payoit, an amount not least than the aum of the applicable busic hourly wage rate plus the amount of the required sings benefits as listed in the contract, except as noted in Section 4(c) below. *** >

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NAME AND TITLE		11 1		
WILLIAM SHUMAKER SOLE PROPRIETOR	SOLE PROPRIETOR	(0)	(a)	

Wage and Hour Division

PAYROLL

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U.S. Wage and Host Division Rev Dec. 2008

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Public Burden Statement

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Date 18-30-15

I, WILLIAM SHUMAKER	OWNER	
(Name of Signatory Party)	(Title)	: Each laborar or mach
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(1) That I pay or supervise the payment of the persons employed by:	ed by	
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(2) That any payricals otherwise under this contract required to be submilled for the above peolod are correct and complete, that wage retels for laborers or mechanical contained therein are not less than the applicate wage rates contained to any wage determination incorporated sho the contract, that the cleantifications set forth therein for each laborer or mechanic comform with the performed.

(3) That any expressions employed in the above period are stay registered in a bone side apprenticeshy program registered with a State apprenticeshy agency recognized by the Bureau of Apprenticeship and Training, United States or if no such recognized agency estens in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) Thet

(a) WHERE FIRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

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WALLIAM SHUMANGER SOLE PROPRIETOR

THE WILLFUL MASHICATION OF ANY OF THE ABOVE STATEMENTS MAY BASHED'T THE CONTINACTOR OR BUBICONTRACTOR TO CHILL OR COMMANAL PROSECUTION, SEE SECTION 1001 OF THE 18 AND SECTION 231 OF THE UNITED STATES CODE.

Wage and Hour Dwaren

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U.S. Wings and Hour Div Rev. Dec. 2008

WWG@S PAR POR WEEK 174,00 OMB No.: 1235-0008 Expires: 01/31/2015 Till Service of the s (6) DEDUCTIONS DEDUCTIONS GS11P14MKC0010vG 14512 ROJECT OR CONTRACT NO STHER WITH 0 (6) DEDUCTIONS **€** 3 Series Contraction HOLDNG HOLDNG PAX 8352 BOYERS MILERD, NEW MARKET, MD. 21774 Persons are not required to respond to the culticion of information values it displays a currentit reald OLAB control number. Tabbiase FICA 74.0C 174,00 SPOSE AWOUNT EARNED MARY SWITZER HHSC RATE OF PAY 100 4.00 43.50 90033 SHORE ŝ 3 = *** (4) DAY AND DATE S S 11 SOLE PROPRIETOR SUB TO: MATERIAL DISTRIBUTORS, INC. FORMER ENSING 1 Ē 3 00 : 18 90 10 0 23 0 22 0 10 0 40 0 ಬ O 65 0 125 0 173 December 16, 2015 CARPENTER CLASSIFICATION 1831-002 MON CIR SUBCONTRACTOR MARE AND HONDOOL IDENTIFYING NÜMBEH IN 3. LAGI FOUR SKRITS OF SECIN, REQUITY NUMBER OF MORKER WILLIAM N. SHUMAKER WILLIAM SHUMAKER = SAME OF CONTRACTOR 30

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Public Burden Statement

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weekly wegas earned by any person and that no deductions have been made either diractly or indirectly from the full wages scenarily any person, other than permissible deducations as defined in Regulations, Part 3 (29 CRR Subtille A), issued by the Secretary of Labor under the Copeland Act, as emended (48 Stat 640, 63 Stat. 10); 72 Stat. 641; 76 Stat. 357; 40 U.S.O. 3145), and theselbed below:

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(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and contidute; that the waps rules for shabers or mechanical contained therein are not tens than the supplicate waps rules contained the any waps determination incorporated this other contract, that the cleanifications set forth therein for each lattering or mechanic controrn with the work he periodized.

(3) That any apprendices employed in the above period are duly registered in a bore 8de apprendiceship program registered with a Slate apprendiceship program registered with a Slate apprendiceship agency recognized by the Bureau of Apprendiceship and Training, United States Department of Labor, or if no auch recognized agency assist in a State, any registered with the Bureau of Apprendiceship and Training, United States Department of Labor.

(4) That:

(4) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each inhorer or mechanic listed in the above referenced payod, payments of frings baselite as listed in the contract have base or will be made to appropriate programs for the baselite of such employees, except as noted in Section 4(c) balow.

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EXCEPTION (CRAFT)	EXPLANATION
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NAME AND TITLE	18
WILLIAM SHUMAKER SOLE PROPRIETOR	(9) (Q)
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THE WILTAL FALBIFICATION OF ANY OF THE ABOVE STATEMENTS LAW SUBLECT THE CONTRACTOR OR BUILDONTRACTOR TO CARE, OR CATINEMAL PROSECUTION, SIEE SECTION 1031 OF THE 18 AND SECTION 231 OF THE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.doi.gov/whd/forms/wh347instr.htm)

U.S. Wage and Bear Division

NET WAGES PACS FOR WEEK 522.00 OMB No.: +235.0008 Expines: 01/31/2015 Rev. Dec. 2008 DEDUCTIONS GS11P14MKC0010/G 14312 HOLEST OF CONTRACT NO. O'T-ER WITH (8) DEDACTIONS STATE 0) 5 CARE 30 HCLDING HCLDING FAX 8552 BOYERS MILL RD. NEW MARKET, MD 21774 PROJECT AND LODATION Persons are not implicat to respond to the collection of information anless it displays a currently valid CMB control number. FEA SAMOUNT EARNED 522.00 522.00 THEC MARY SWITZER 12.00 43.50 SMUCH 5 3 --499 0019 27 (4) DAY AND DATE (C) 0 U) SOLE PROPRIETOR SUB TO: MATERIAL DISTRIBUTORS: INC. 4 I 200 900 TE RO .TO 60 0 0 8 0 t/2 0 တ O 93 0 25 O 03 0 December 9, 2015 CLASS, PICATION CARPENTER 1831-002 WORK OR SUBCIONTRACTOR MACHERINA CANCEL PROJECT ACCOM HAZIE AND HUNY DUAL IDENTIFYNG NUMBER 245, 1467 FOUR DIGITS OF SIGNAL SEGURDY NUMBER OF MORKEN WILLIAM SHUMAKER BAYROLING WILLIAM BE NAME OF CONTRACTOR 28

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Public Burden Statement

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weekly wages earned by any person and that so deductions have been made alther directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (28 CFR Subtills A), leaved by the Secretary of Labor under the Copeland Act, as simended (48 Stel. 648, 63 Stel. 109, 72 Stat. 667; 79 Stel. 367; 40 U.S.C. 3146), and described below:

(2) That any pelytolls otherwise under this contract required to be submitted for this shows period are correct and complete; that has wage need for suborers or mechanical oversities and less than the applicable wage make contained in any wage determination incorporated and the contract, that the classifications set forth tracein for each laborer or mechanic conform with the worst his particulate.

(3) That any approachioses employed in the above period are duly registered in a bora fide exprendiceable program registered with a State apprendiceable agency recognized by the Bureau of Apprendiceship and Trafning, United States Department of Labor, or if no such recognized agency evaluating are registered with the Bureau of Apprendiceable and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic houlty wage rates paid to each laborer or mechanic labed in the above indeminded payrol, payments of things bowells as latest in the contract have been or will be made to appropriate programs for the behalfs of auch employees, accept as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFIT'S ARE PAID IN CASH

Each labored or reschartd listed in the above referenced payrol has been paid, as indicated on the payrol,
an amount not less than the sum of the applicable braid; hourly wage rate plus the amount of the required
fringe benefits as listed in the confract, except as noted in Section 4(c) below.

REMARKS	
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NAME AND TITLE	
WILLIAM SHUMAKER SOLE PROPRIETOR	

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Blace Divides:

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LT.		December 2, 2015						MA	MARY SWITZER		HSC	٠			GSHP14	GS11P14MKC0010vC 14312	3 14312	
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(9) (Q)	***************************************	1831-002	1/3				00 S	00.5	10.00 43.50	0;	435.00	· p	0	OUCHE ?	4		concept.	435 00
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Public Burden Statement

Vashington, D.C., 20219 We estimate that a walkage of 35 minutes to complete this collection, including the for reviewing instructions, searching and received in the collection of the collection of the Administration of the Administration and the search of the collection of the Administration and the search of the collection of the Administration and the search of the collection of the Administration and the search of the Administration and the search of the collection of the Administration and the search of the Administration and the search of the search of the search of the collection of the Administration and the search of the collection of the Administration and the search of the searc

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(1) That I pay or supandes the payment of the persons employed by:

(1) That I pay or supandes the payment of the persons employed by:

(1) That I pay or supandes the payment of the persons employed by:

(1) That I pay or supandes the payment of the persons employed by:

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(3) That I pay or supandes the persons and persons the payment of the payment of

weekly varges earned by any person and that no deductions have been made either directly or inclinedly from the full wages earned by any person, other than permissible deductions as disfined in Regulations, Part 3 (20 CFR Subtills A), issued by the Secretary of Labor under the Copeland Act, as amended (46 Stat. 648, 63 Stat. 108, 72 Stat. 907, 78 Stat. 357, 40 U.B.C. 3145), and described below:

(2) That any payrolla otherwise uniter this contract required to be autoritized for this above period ani correct and completic, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into one or the contained or classifications set fouth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprendices employed in the above period are duly registered in a buna fide apprendicability program registered with a State apprendicability program recognized by the Bureau of Apprendicability until States Department of Labor, or if no such recognized apency added in a State, are registered with the Bureau of Apprenticability and Training, United States Department of Labor.

(4) Thet:

(a) WHE'RE FRINGE BENGTITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

 in actation to the basic hourly wage rates paid to each laborar or inschario listed in the above referenced payrol, payments of tingo benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFIT'S ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as inclicated on the payroll, an environt not less then the sum of the applicable besic hourly wage rate plus the amount of the required kingle benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMATERS U.S. K. Q. T. NAME AND TITLE WILLIAM SHUMAKER SOLE PROPRIETOR WILLIAM SHUMAKER SOLE PROPRIETOR	EXCEPTION (CRAFT)	EXPLANATION
ER SOLE PROPRIETOR	CONTRACTOR OF THE PROPERTY OF	
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	WANG AND TITLE	
The second secon	WILLIAM SHUMAKER SOLE PROPRIETOR	

THE WILLFUL PARIFICATION OF ANY OF THE ABOVE STATEMENTS SAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CHALOR CHAINAAL PROSECUTION, SEE SECTION 1001 OF THE LINETED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No.: 1235-0008 Expires: 01/31/2015 NET WAGES PAID FOR WEEK (6) TOTAL GS11P14MKC0010 G14.312 PROJECT OR CONTRACT NO. OTHER (8) DEDUCTIONS STATE Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number WITH-HOLDING TAX ADDRESS 1341 Hughes Ford Road, Suite 101 FICA Frederick, MD 21701 GROSS AMOUNT EARNED 0 PROJECT AND LOCATION SWITZER HHSC 15.65 8.85 8.95 10.25 \$69.60 \$51.75 \$42.08 \$45.00 \$40.58 \$40.58 \$22.32 RATE OF PAY \$40.58 (9) 46.40 34.50 27.05 30.00 27.05 27.05 14.88 28.05 TOTAL 02 S EACH DAY 0.1 (4) DAY AND DATE 31 3 30 29 01/02/2016 M 28 27 .T2 AO .TO 0 0 S 0 Ø 0 Ø 0 0 0 0 Wycliffe Enterprises, Inc dba Powercomm FOR WEEK ENDING ELEC0026-016 ELECTRICIAN ELEC0026-017 ELECTRICAL ELEC0026-017 ELECTRICAL TELECOM APPRENTICE ELEC0026-017 ELEC0026-017 ELECTRICAL ELEC0026-017 ELEC0026-017 ELECTRICAL INSTALLER CLASSIFICATION ELECTRICAL ELECTRICAL INSTALLER INSTALLER INSTALLER INSTALLER INSTALLER WORK 3 OR SUBCONTRACTOR 7 NO. OF WITHHOLDING EXEMPTIONS (2) 3 0 9 0 2 2 NO WORK PERFORMED NON-UNION - FRINGES PAID TO HIM FRINGES PAID TO HIM (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NAME AND INDIVIDUAL IDENTIFYING NUMBER NUMBER) OF WORKER GAWTHORP, STERLING CROMARTIE. SHAUN ANTONIO NAME OF CONTRACTOR HAYMORE, JACOB AM HIEVAN 47 0 JOSEPH 9 9 PAYROLL NO.

29 C.F.R. § 5.6(a)(3) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits. While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "funish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Diana Richardson	Accountant	Fach laborer or mechanic list	Each Jahorer or mechanic listed in the above referenced navroll has been naid
(Name of Signatory Party)	(Title)		as indicated on the payroll, an amount not less than the sum of the applicable
do hereby state:		basic hourly wage rate plus the amount of the required in the contract, except as noted in section 4(c) below.	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	ployed by	(c) EXCEPTIONS	
Wycliffe Enterprises, Inc dba Powerceantro WERCOMIN	WEDGATEO WERCOMM on the		
(Contractor or Subcontractor)		EXCEPTION (CRAFT)	EXPLANATION
Grunley Construction- Mary Switzer HHSC ; that or	; that during the payroll period commencing on the		
(Building or Work)			
27th day of December 2015, and ending the 2nd day of	2nd day of January 2016		
oject Iy or	weekly wages earned, that no rebates have of said		
Wycliffe Enterprises, Inc dba Powerge இந்நில் wercomm	elg8knthower.com		
(Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either	have been m ade either directly or indirectly		
10.0 Life full wages carried by any patient, outer train perfuse the Copeland Act, as amended (48 Stat. 948, 63 Staft, 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below.	re conductors as common in regulations, i are conductors as amended (48 Stat. 948, d described below.		
		REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage det ermination incorporated int ot he contract; that the	od to be submitted for the above period are anics contained therein are not less than the nincorporated int ot he contract; that the		

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

01/07/2016

Date

THE WILLFUL FALSIFICATION O F ANY O FT HE ABO VE ST ATEMENTS WAT SUBSECTION 231 OF TITLE SUBSECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

9

Diana Richardson NAME AND TITLE

(3) T hat any apprent ices em ployed in t he abov e period are duly registered in a bona fide apprenticeship program regis tered w ith a St ate apprent iceship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

classifications set forth therein for each laborer or mechanic conform with the work he performed

Accountant

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropria te progra ms for the bene fit of such

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(4) That:

employees, except as noted in section 4(c) below.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

Date: 1/12/16	Payroll No.	39 FINAL	{4} That:	
I, Wm. T. Hanbury, Jr.	President			
{Name of signatory party}	{title}		(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLA	TO APPROVED PLA
do hereby state:			Win addition to the basic hourly wage rates paid to each la	rates paid to each I
			the above referenced payroll, payments of fringe benefit	nts of fringe benefil
{1} That I pay or supervise the payment of the persons employed by	persons employed by		except as noted in section 4(c) below.	
Z Best Wallcoverings, Inc. (A Sub of CRC)	on the Mary	Mary E. Switzer - Health and		
{Contractor or subcontractor}		{building or work}	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	IN CASH
Human Services that during the payroll period commencing on the	period commencing on t	he		
12/9/2015 and ending the	12/15/2015		Each laborer or mechanic listed in the above referenced payrol	ove referenced payrol
all persons employed on said project have been paid the full weekly wages earned, that no rebates	n paid the full weekly w	ages earned, that no rebates	hourly wage rate plus the amount of the required fringe benefit	equired fringe benefi
have been or will be made either directly or indirectly on behalf of said	lirectly on behalf of said		contract, except as noted in Section 4(c) below.	oelow.
Subcontractor		from the full		
{Contractor or subcontractor}			(c) EXCEPTIONS	
weekly wages earned by any person and that no deductions have been made either directly or indirectly	deductions have been	made either directly or indirectly		
from the full wages earned by any person, other than permissible deductions as defined in	er than permissible dedu	ctions as defined in	EXCEPTION (CRAFT)	
Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as	by the Secretary of Lab	or under the Copeland Act, as		
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:	67, 76 Stat.357, 40 U.S.	C. 276c), and described below:		
			Journeyman - Regular Rate	\$22

ANS, FUNDS, OR PROGRAMS aborer or mechanic listed in ts as listed in the contract

Il has been paid, as ts as listed in the

EXCI	EXCEPTION (CRAFT)	EXPLANATION
Journeyn	Journeyman - Regular Rate	\$22.30
Fringe B	Fringe Breakdowns -	
	\$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	uity
	\$0.16 - Apprenticeship	a.
	\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE /	1
	(0) (1)	
Wm. T. Hanbury, Jr President	(a) (a)	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS OF THE	NY OF THE ABOVE STATEN	ENISUMEN
SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMÍNAL	BCONTRACTORS TO CIVIL OF	CRIMINAL
PROSECUTION. SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31	TITLE 15 AND SECTION 233	OF TITLE 31
OF THE UNITED STATES CODE.		

contract: that the classifications set forth therein for each laborer or mechanic conform with the work

he performed.

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency

{3} That any apprentices employed in the above period are duty registered in a bona fide

exists in a State are registered with the Bureau of Apprenticeship and Training, United States

Department of Labor.

period are correct and complete: that the wage rates for laborers or mechanics contained therein are

{2} That any payrolls otherwise under this contract required to be submitted for the above

not less than the applicable wage rates contained in any wage determination incorporated into the

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

NAME OF CONTRACTOR Z-Best Wallcoverings, Inc	OR SUBCONTRACTOR	ACTOR									641			CONTR 1064 Charl	ACTOR / 8 1A Trin	CONTRACTOR / SUBCONTRACTOR ADI 10641A Trinity Church Road Charlotte Hall, MD 20622	CONTRACTOR / SUBCONTRACTOR ADDRESS: 10641A Trinity Church Road Charlotte Hall, MD 20622	ës SS SS		
PAYROLL NO. 39 FINAL			FOR	WEEK	FOR WEEK ENDING:	Ö	1	12/15/2015	115					PROJE Mary E	PROJECT AND LOCATION: Mary E Switzer - Health	CATION:	PROJECT AND LOCATION: Mary E Switzer - Health and Human	G14.0	CONTRACT NUMBER: G14.0312.1400	
			ST			PA	DAY AND DATE	m									DEDUC	DEDUCTIONS		
NAME ADDRESS AND	NO. OF	WORK	o S	≥	푸	Ľ	S	SU M	_	TOTA	L RATE O	TOTAL RATE OF GROSS	S GROSS	1	-HLIM	SOCIAL	_		TOTAL	NET WAGES
SOCIAL SECURITY NUMBER	WITHHOLDING	WITHHOLDING CLASSIFICATION			H	12/11	12/11 12/12 12/13 12/14	2/13 12/		12/15 HOURS	S PAY	AMOUNT	T AMOUNT		AL HOLDIN	IG SECURI	FEDERAL HOLDING SECURITY MEDICARE	OTHER		DEDUCTIONS PAID FOR
EMPI OVEE	SNOILDMEXE				1	OURS W	HOURS WORKED EACH DAY	CH DAY		Т		THIS JO	THIS JOB ALL JOBS	, δ	STATE					WEEK
O EMPCOLEE			C		L															
) Ø					-	-	Т			Т							
Preston Jones (b) (6)		Skilled	0							П										
LAB00657-015		Laborer	Ø	2	8	8				21	\$23.30	\$489.00	\$1,004.85	\$97.00	0 \$71.94	\$62.30	\$14.57	\$0.00	\$245.81	\$736.86
			0					+	-				Т							
			Ø					1	-	4										
Shahin Malsi (b) (6)		Skilled	0					+	+				_		_			_		
LAB00657-015		Laborer	Ø	4	80					12	\$22.60	\$271.00	\$1,030.65	\$93.00	00.08	\$63.90	\$ 14.95	\$0.00	\$171.85	\$835.99
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Anthony Proctor (b) (6)		2nd Year	0					1		_			T							
LAB00657-015		Apprentice	တ	ιΩ				+		2	\$16.30	\$81.00	\$378.00	. 8	\$ 26.99	9 \$23.44	\$5.48	9	\$ 55.91	\$313.48
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Date: 01/12/16	Payroll No.	38	{4} That:
I, Wm. T. Hanbury, Jr.	President		
{Name of signatory party}	{title}	1	(a) WHERE FRINGE BEI
do hereby state:			Min addition to the
			the above referen
{1} That I pay or supervise the payment of the persons employed by	ersons employed b	۸	except as noted in s
Z Best Wallcoverings, Inc. (A Sub of CRC)	on the M	on the Mary E. Switzer - Health and	
{Contractor or subcontractor}		{building or work}	(b) WHERE FRINGE BE
Human Services that during the payroll period commencing on the	eriod commencing	on the	
12/02/15 and ending the	12/08/15		—Each laborer or mec
all persons employed on said project have been paid the full weekly wages earned, that no rebates	paid the full weekl	y wages earned, that no rebates	hourly wage rate plu
have been or will be made either directly or indirectly on behalf of said	rectly on behalf of	said	contract, except as n
Subcontractor		from the full	
{Contractor or subcontractor}			(c) EXCEPT

contract; that the classifications set forth therein for each laborer or mechanic conform with the work period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the {2} That any payrolls otherwise under this contract required to be submitted for the above he performed.

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States {3} That any apprentices employed in the above period are duty registered in a bona fide Department of Labor.

NEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS basic hourly wage rates paid to each laborer or mechanic listed in ced payroll, payments of fringe benefits as listed in the contract ection 4(c) below.

NEFITS ARE PAID IN CASH

hanic listed in the above referenced payroll has been paid, as is the amount of the required fringe benefits as listed in the oted in Section 4(c) below.

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weekly wages earned by any person and that no deductions have been made either directly or indirectly

from the full wages earned by any person, other than permissible deductions as defined in

amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat.357, 40 U.S.C. 276c), and described below: Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as

	EXCEPTION (CRAFT)	EXPLANATION
Jour	Journeyman - Regular Rate	\$22.30
Frin	Fringe Breakdowns -	
	\$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	uity
	\$0.16 - Apprenticeship	ď
	S0.50 - Vacation	

NAME AND TITLE	SIGNATURE / 0
Wm. T. Hanbury, Jr President	
THE WILLFUL FALSIFICATION OF A	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY
SUBJECT THE CONTRACTORS OR SU	SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL
PROSECUTION, SEE SECTION 1091 0F	PROSECUTION, SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF
THE UNITED STATES CODE.	

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

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PAYROLL NO.	38		P. P.	FOR WEEK ENDING:	ENDING			12/8/15	2					PRO.	ECT AND	PROJECT AND LOCATION: Mary E Switzer - Health	PROJECT AND LOCATION: Mary E Switzer - Health and Human		CONTRACT NUMBER: G14.0312.1400	11400	
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SOCIAL SECURITY NUMBER	WITHHOLDING	CLA	5 6	1.1	12/3	12/4		+	-	T	JRS PAY		-		RAL HOLDIN	NING SECU	FEDERAL HOLDING SECURITY MEDICARE TAX		OTHER D	S	PAID FOR
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Date: 1/12/16	Payroll No.	37	{4} Ihat:
I, Wm. T. Hanbury, Jr.	President		
{Name of signatory party}	{title}		(a) WHERE FRINGE BENEFI
do hereby state:			—in addition to the basic
			the above referenced p
$\{1\}$ That I pay or supervise the payment of the persons employed by	persons employed by		except as noted in section
Z Best Wallcoverings, Inc. (A Sub of CRC)		on the Mary E. Switzer - Health and	
{Contractor or subcontractor}		{building or work}	(b) WHERE FRINGE BENEFI
Human Services that during the payroll period commencing on the	period commencing on th	le	
11/25/2015 and ending the	12/1/2015		-Each laborer or mechanic
all persons employed on said project have been paid the full weekly wages earned, that no rebates	n paid the full weekly wag	ges earned, that no rebates	hourly wage rate plus the
have been or will be made either directly or indirectly on behalf of said	directly on behalf of said		contract, except as noted
Subcontractor		from the full	
{Contractor or subcontractor}			(c) EXCEPTIONS
weekly wages earned by any person and that no deductions have been made either directly or indirectly	o deductions have been n	nade either directly or indirectly	

contract: that the classifications set forth therein for each laborer or mechanic conform with the work period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the {2} That any payrolls otherwise under this contract required to be submitted for the above he performed.

amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat.357, 40 U.S.C. 276c), and described below:

Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as

from the full wages earned by any person, other than permissible deductions as defined in

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States {3} That any apprentices employed in the above period are duty registered in a bona fide Department of Labor.

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IS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS s hourly wage rates paid to each laborer or mechanic listed in payroll, payments of fringe benefits as listed in the contract 14(c) below.

TS ARE PAID IN CASH

listed in the above referenced payroll has been paid, as amount of the required fringe benefits as listed in the in Section 4(c) below.

	EXCEPTION (CRAFT)	EXPLANATION
Jour	Journeyman - Regular Rate	\$22.30
Frin	Fringe Breakdowns -	
	\$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	uity
	\$0.16 - Apprenticeship	<u>a</u>
	\$0.50 - Vacation	
		٠

NAME AND TITLE	SIGNATURE / //	
	(a) (a)	
Wm. T. Hanbury, Jr President	(a) (a)	
THE WILLFUL FALSIFICATION OF A	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY	7
SUBJECT THE CONTRACTORS OR SUI	SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL	L
PROSECUTION. SEE SECTION 1091 0F	PROSECUTION, SEE SECTION 1091 0F TITLE 15 AND SECTION 233 OF TITLE 31	_
OF THE UNITED STATES CODE.		

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

NAME OF CONTRACTOR Z-Best Wallcoverings, Inc	OR SUBCONTRACTOR	ACTOR										CONTRAC 10641A Charlot	contractor / subcontractor address: 10641A Trinity Church Road Charlotte Hall, MD 20622	Inrch R D 2062:	R ADDRESS oad 2			
PAYROLL NO.	37		FOR	FOR WEEK ENDING:		12/1/2015	15					PROJECT Mary E S	PROJECT AND LOCATION: Mary E Switzer - Health and Human	on: alth and h	luman	CONTRACT NUMBER: G14.0312.1400	. NUMBER:	
			ST		DAY AND DATE	\TE									DEDUCTIONS	NS		
NAME, ADDRESS, AND	NO. OF	WORK	OR	MT W	s	SU M	-	TOTAL	RATE OF	TOTAL RATE OF GROSS	GROSS		WITH- 8	SOCIAL			TOTAL	NET WAGES
SOCIAL SECURITY NUMBER	WITHHOLDING	WITHHOLDING CLASSIFICATION		11/25 11/26 11/27 11/28 11/29 11/30	7 11/28	11/29 11/	30 12/1	HOURS	PAY	AMOUNT	AMOUNT	FEDERAL	FEDERAL HOLDING SECURITY MEDICARE	CURITY	EDICARE	OTHER	OTHER DEDUCTIONS PAID FOR	PAID FOR
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l, Wm. T. Hanbury, Jr. President		
(Name of signatory party) (title)	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS	ROVED PLANS
do hereby state:	—in addition to the basic hourly wage rates paid to each labo	id to each labo
	the above referenced payroll, payments of fringe benefits a	inge benefits a
(1) That I pay or supervise the payment of the persons employed by	except as noted in section 4(c) below.	
Z Best Wallcoverings, Inc. (A Sub of CRC) on the Mary E. Switzer - Health and {Contractor or subcontractor}	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	н
Human Services that during the payroll period commencing on the		
11/18/15 and ending the 11/24/15	Each laborer or mechanic listed in the above referenced payroll ha	enced payroll ha
all persons employed on said project have been paid the full weekly wages earned, that no rebates	hourly wage rate plus the amount of the required fringe benefits a	fringe benefits a
have been or will be made either directly or indirectly on behalf of said	contract, except as noted in Section 4(c) below.	
Subcontractor from the full		
{Contractor or subcontractor}	(c) EXCEPTIONS	
weekly wages earned by any person and that no deductions have been made either directly or indirectly		
from the full wages earned by any person, other than permissible deductions as defined in	EXCEPTION (CRAFT)	EX
Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as		
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below:		
	Journeyman - Regular Rate	\$22.3
	Fringe Breakdowns -	

{4} That:

36

Payroll No.

01/12/16

Date:

, FUNDS, OR PROGRAMS rer or mechanic listed in is listed in the contract

as been paid, as s listed in the

	EXCEPTION (CRAFT)	EXPLANATION
Jour	Journeyman - Regular Rate	\$22.30
Frin	Fringe Breakdowns -	
	\$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	uity
	\$0.16 - Apprenticeship	
	\$0.50 - Vacation	

NAME AND TITLE	SIGNATURE /
Wm. T. Hanbury, Jr President	(9) (q)
THE WILLFUL FALSIFICATION OF A	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY
SUBJECT THE CONTRACTORS OR SU	SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL
PROSECUTION, SEE SECTION 1091 0F	PROSECUTION, SEE SECTION 1091 0F TITLE 15 AND SECTION 233 OF TITLE 31 OI
THE UNITED STATES CODE.	

contract: that the classifications set forth therein for each laborer or mechanic conform with the work

he performed.

not less than the applicable wage rates contained in any wage determination incorporated into the

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency

{3} That any apprentices employed in the above period are duty registered in a bona fide

exists in a State are registered with the Bureau of Apprenticeship and Training, United States

Department of Labor.

period are correct and complete: that the wage rates for laborers or mechanics contained therein are

{2} That any payrolls otherwise under this contract required to be submitted for the above

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

NAME OF CONTRACTOR Z-Best Wallcoverings, Inc	OR SUBCONTRACTOR	ACTOR						CONTRA 10641 Charlo	CTOR / SUBC A Trinity (tte Hall, I	contractor / subcontractor address: 10641A Trinity Church Road Charlotte Hall, MD 20622	ESS:		
PAYROLL NO. 3	36		FOR WEEK ENDING:	=	11/24/15			PROJEC Mary E	PROJECT AND LOCATION: Mary E Switzer - Health	PROJECT AND LOCATION: Mary E Switzer - Health and Human	G14.03	CONTRACT NUMBER: G14.0312.1400	
				DAY AND DATE						DEDUC	DEDUCTIONS		
NAME, ADDRESS, AND	NO. OF	WORK	OR W TH F	ns s	M	TOTAL RATE OF	GROSS	SS	-HLIM	SOCIAL		TOTAL	NET WAGES
SOCIAL SECURITY NUMBER	WITHHOLDING	WITHHOLDING CLASSIFICATION	T 11/18 11/19 11/20 11/21		11/22 11/23 11/2	11/24 HOURS PAY	AMOUNT AMOUNT	NT FEDERA	HOLDING	FEDERAL HOLDING SECURITY MEDICARE	OTHER	DEDUCTIONS PAID FOR	PAID FOR
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FORM WH-347 (1/68) - FORMERLY SOL 184- PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS

35			
Payroll No.	President	{title}	
Date: 1/12/16	Wm. T. Hanbury, Jr.	{Name of signatory party}	ereby state:
Date	Ļ		qo þ

[1] That I pay or supervise the payment of the persons employed by

Z Best Wallcoverings, Inc. (A Sub of CRC) on the { Mary E. Switzer - Health and { Contractor or subcontractor} } that during the payroll period commencing on the ## 11/11/2015 and ending the ## 11/17/2015 and ending the ## 11/17/2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates

| Subcontractor | from the full |

have been or will be made either directly or indirectly on behalf of said

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat.357, 40 U.S.C. 276c), and described below:

- {2} That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract: that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duty registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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{4} That:

{b} WHERE FRINGE BENEFITS ARE PAID IN CASH

—Each laborer or mechanic listed in the above referenced payroll has been paid, as hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

ш	EXCEPTION (CRAFT)	EXPLANATION
Jour	Journeyman - Regular Rate	\$22.30
Fring	Fringe Breakdowns -	
	\$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	nity
	\$0.16 - Apprenticeship	a.
	\$0.50 - Vacation	

NAME AND TITLE	1
Wm. T. Hanbury, Jr President	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY	STATEMENTS MAY
SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL	CIVIL OR CRIMINAL
PROSECUTION, SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31	ON 233 OF TITLE 31
OF THE UNITED STATES CODE.	

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

NO. OF EMPLOYEE NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE NO. OF EMPLOYEE SOCIAL SECURITY NUMBER NO. OF EMPLOYEE EXEMPTIONS OF EMPLOYEE NO. OF EMPLOYEE SOCIAL SECURITY NUMBER NO. OF EMPLOYEE EXEMPTIONS NO. OF EMPLOYEE SOCIAL SECURITY NUMBER NOT INTITI 11112 11113 11114 11115	OR SUBCONTRACTOR		CONTRACTOR / SUBCONTRACTOR ADDRESS: 10641A Trinity Church Road Charlotte Hall, MD 20622	ϑ:	
AND NO. OF WORK OR WATHOLDING CLASSIFICATION OT 11/11 LOYEE EXEMPTIONS S S S S S S S S S S S S S S S S S S		11/17/2015	PROJECT AND LOCATION: Mary E Switzer - Health and Human	CONTRACT NUMBER: G14.0312.1400	
NO. OF WORK OR WITHOLDING CLASSIFICATION OT 11/11 LOYEE EXEMPTIONS CLASSIFICATION OT 11/11 LOYEE EXEMPTIONS CLASSIFICATION OT 11/11 S S S S S S S S S S S S S S S S S S		DAY AND DATE	DEDUCTIONS	SNOL	
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FORM WH:347 (1/68) - FORMERLY SOL 184- PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS

34		
Payroll No.	President	{title}
01/12/16	Wm. T. Hanbury, Jr.	{Name of signatory party}
Date:	Ĺ	

do hereby state:

[1] That I pay or supervise the payment of the persons employed by

on the Mary E. Switzer - Health and {building or work} Z Best Wallcoverings, Inc. (A Sub of CRC) {Contractor or subcontractor}

that during the payroll period commencing on the Human Services

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly on behalf of said and ending the 11/04/15

from the full (Contractor or subcontractor) Subcontractor

weekly wages earned by any person and that no deductions have been made either directly or indirectly amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below: Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as from the full wages earned by any person, other than permissible deductions as defined in

contract: that the classifications set forth therein for each laborer or mechanic conform with the work period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the {2} That any payrolls otherwise under this contract required to be submitted for the above he performed

apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State are registered with the Bureau of Apprenticeship and Training, United States (3) That any apprentices employed in the above period are duty registered in a bona fide Department of Labor

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{4} That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS M ---in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-Each laborer or mechanic listed in the above referenced payroll has been paid, as hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

{c} EXCEPTIONS

	EXCEPTION (CRAFT)	EXPLANATION
Jour	Journeyman - Regular Rate	\$22.30
Frin	Fringe Breakdowns - \$4.40 - Health	
REMARKS	\$3.13 - Pension / Annuity	uity
	\$0.16 - Apprenticeship	d.
	\$0.50 - Vacation	

NAME AND TITLE	SIGN	SIGNATURE	E /	1	1
Wm. T. Hanbury, Jr President) (a)	(o)			
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY	ANY OF	THE ,	ABOVE	STATEMENTS	MAY
SUBJECT THE CONTRACTORS OR SUBCONTRACTORS TO CIVIL OR CRIMINAL	UBCONTI	RACTC	RS TO	CIVIL OR CRIM	INAL

PROSECUTION, SEE SECTION 1091 OF TITLE 15 AND SECTION 233 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347 Inst.)

OMB NO: 1215-0149 Expires:

NAME OF CONTRACTOR Z-Best Wallcoverings, Inc	OR SUBCONTRACTOR	ACTOR								CONTRAC 10641	CONTRACTOR / SUBCONTRACTOR ADDRESS: 10641A Trinity Church Road	ctor address	60		
										Charlot	Charlotte Hall, MD 20622	1622			
PAYROLL NO. 34	4		FOR W	FOR WEEK ENDING:	11/10/15					PROJECT Mary E S	PROJECT AND LOCATION: Mary E Switzer - Health and Human	nd Human	G14,0312,1400	NUMBER: 2.1400	
			ST	DAY AND DATE	旦							DEDUCTIONS	SNC		
NAME, ADDRESS, AND	NO. OF	WORK		W TH F S	SUM	⊢	OTAL RATE	TOTAL RATE OF GROSS	GROSS		WITH- SOCIAL			TOTAL	NET WAGES
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FORM WH-347 (1/68) - FORMERLY SOL 184- PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS